	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are r								
8	By current	t regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		ъ	
	HCDCG	D	purchase or	CMN	T,	D 4 1	CMN	D 4 1D 1	Purchase	1 4 1 4 1
9	HCPCS	Description	rental	required	Limits	Kental	required	Rental Price	Price	date updated
										Coverage will be
										through
										pharmacy for
										diagnosis codes
			Y/ 12 months		per					related to
		Syringe w/needle, sterile, 1 cc or less,	if PA	YES >	calendar					diabetes, other dx
10	A4206	each	required	125	month	NO			\$0.31	
			Y/12 months		per				•	
			if PA		calendar					
11	A4207	Syringe with needle; sterile 2cc, each	required	YES > 10	month	NO			\$0.31	
			Y/ 12 months		per					
			if PA		calendar					
12	A4208	Syringe with needle; sterile 3cc, each	required	YES > 10	+	NO			\$0.31	
			Y/ 12 months		per					
			if PA		calendar					
13	A4209	Syringe with needle; sterile 5cc each	required	YES >10	month	NO			\$0.31	
										remains a
١.,										covered service
14	A4210	Needle-free injection device, each		NO		NO			\$36.67	through DME

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	0; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	D	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Cumpling for self administered injections								added to fee
15	A4211	Supplies for self-administered injectionspen needles	Y/12 months	YES		NO			М	schedule 2/14/08
16	A4211 A4213	Syringe, sterile, 20cc or greater, each	1/12 monus	NO		NO			\$1.67	schedule 2/14/08
17	A4215	Sterile needle only, any size, each		NO		NO			\$0.97	
18	A4217	Sterile water/saline, 500 ml		NO		NO			\$2.13	
 	A+217	Sterile Saline or H2O metered dose		110		110			Ψ2.13	
19	A4218	dispenser 10 ml	Y/12 months	YES		NO			M	
<u> </u>	711210	dispenser to m	1/12 months	TES		110			171	
20	A4220	Refill kit for implantable infusion pump	Y/12 months	YES		NO			M	
		r in the party								
		Supplies for maintenance of drug								
21	A4221	infusion catheter per week, drug separate		NO		NO			\$21.65	
		Supplies for external drug infusion pump								rate set
22	A4222	per cassette or bag, drug separate		NO		NO			\$44.70	01/01/2007
		Infusion supplies not used with ext.								rate set
23	A4223	infusion pump, per cassette or bag		NO		NO			\$4.83	01/01/2007
					16 per					rate set
		Infusion set for external insulin pump,	YES if PA		calendar					01/01/2007; qty
24	A4230	non needle cannula type each	required	YES>	month	NO			\$11.55	limit eff. 5/1/09

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11					
	Red indica	ites new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are ro								
8	By current	t regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
					16 per					rate set
		Infusion set for external insulin pump,	YES if PA		calendar					01/01/2007; qty
25	A4231	needle type each	required	YES>	month	NO			\$7.33	limit eff. 5/1/09
		Syringe with needle for external insulin								
26	A4232	pump, sterile 3cc		NO		NO			\$2.54	
										rate set
										08/01/2007; new
		Replacement battery , other than J cell								rate to begin
27	A4233	home glucose mon. each		NO		NO			\$0.72	
		Replacement battery , J cell, home								rate set
28	A4234	glucose mon. each		NO		NO			\$3.27	08/01/2007
	1 1005	Replacement battery, lithium, home		NO		NO			Φ2.11	rate set
29	A4235	glucose mon. each		NO		NO			\$2.11	08/01/2007
20	A 4226	Replacement battery, silver oxide, home		NO		NO			¢1 50	rate set
30	A4236	glucose mon., each		NO		NO			\$1.50	08/01/2007
										Coverage will be
			Y/ 12 months		per					through
		Urine test or reagent strips or tablets 100	if PA		calendar					pharmacy
31	A4250	tablets or strips=1 unit	required	YES > 2uni	month	NO			\$15.00	10/5/10 and after

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2										
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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN	. .			D 4 3			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Dontal		Rental Price	Purchase Price	date updated
-	incres	Description	Tentai	required	Lillits	Kentai	requireu	Kentai i iice	11100	uate upuateu
										Coverage will be
										through
										pharmacy
32	A4252	Blood ketone test or reagent strip, each	Y/12 months	YES		NO			M	10/5/10 and after
										Coverage will be
			Y/ 12 months		per					through
1		Blood glucose test or reag. strips blood	if PA		calendar					pharmacy
33	A4253	glucose monitor, 50 strips=1unit	required	YES> 4 uni	month	NO			\$35.76	10/5/10 and after
										Coverage will be
										through
		Normal, low and high calibrator								pharmacy
34	A4256	solution/chips		NO		NO			\$10.52	10/5/10 and after
—	117230	sorution emps		110		110			Ψ10.32	10/3/10 and after
										Coverage will be
										through
										pharmacy
35	A4258	Spring-powered device for lancet, each		NO		NO			\$17.26	10/5/10 and after

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	•	rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	~_ ~		purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										Coverage will be
			Y/ 12 months		nor					through
		Lancets per box of 100 1 unit=100	if PA		per calendar					pharmacy
36	A4259	lancets	required	YES> 2 uni		NO			\$10.85	10/5/10 and after
37	A4261	Cervical Cap Contraceptive	required	NO NO	monui	NO			\$1.39	
38	A4265	Paraffin		NO		NO			\$3.24	
	114203	T didiiiii		110		110			Ψ3.24	
		Adhesive skin support attachment for								
39	A4280	use with external breast prosthesis, each		NO		NO			\$4.76	
		IV delivery system disposable 50 ml or							, ., ., .	
40	A4305	greater per hour	Y/12 months	YES		NO			M	
		IV delivery system disposable 5 ml or								
41	A4306	less per hour	Y/12 months	YES		NO			M	
			Y/ 12 months		per					
			if PA		calendar					
42	A4310	Insert tray w/o bag/cath	required	YES > 1	month	NO			\$6.48	
			Y/ 12 months		per					
		Insertion tray w/o bag, with indwelling	if PA		calendar					
	A4311	catheter, foley type, 2-way latex	required	YES> 1	month	NO			\$14.16	
44	A4312	Cath w/o bag 2-way silicone		NO		NO			\$16.88	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
4	current rev	e e e e e e e e e e e e e e e e e e e								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		With indwelling catheter, foley type, 3-								
	A4313	way for continuous irrigation		NO		NO			\$17.67	
	A4314	Cath w/drainage 2-way latex		NO		NO			\$24.12	
47	A4315	Cath w/drainage 2-way silicone		NO		NO			\$25.17	
48	A4316	Cath w/drainage 3-way		NO		NO			\$27.09	
			Y/ 12 months		per					
			if PA		calendar					
49	A4320	Irrigation tray	required	YES > 9	month	NO			\$5.08	
			Y/ 12 months		per					
			if PA		calendar					
50	A4322	Irrigation syringe, bulb or piston, each	required	YES >9	month	NO			\$2.85	
		Male external catheter w/integral	X7/ 10 .1							
		collection chamber, any type each, made	Y/ 12 months		per					
	A 4225	of rubber or plastice, designed to be	if PA	MEG 2	calendar	NO			440.30	
	A4326	washed & reused.	required	YES>2	month	NO			\$10.29	
	A4327	Fem urinary collect dev cup		NO		NO			\$42.56	
	A4328	Fem urinary collect pouch		NO		NO			\$9.87	
54	A4330	Stool collection pouch		NO		NO			\$6.82	
	A 4221	External drainage tubing for urinary leg		NO		NO			ф 2 О 4	
55	A4331	bag or urostomy, each		NO		NO			\$3.04	

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/	11					
	Red indica	ites new codes or changes for the most								
4		vision date.								
5	PA requir	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are ro								
8	By curren	t regulation, any item \$500 or over requ	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Lubricant, individual sterile, for								
56	A4332	insertion of urinary catheter, each		NO		NO			\$0.12	
		Urinary catheter anchoring device,								
57	A4333	adhesive skin attachment, each		NO		NO			\$2.10	
		Urinary catheter anchoring device, leg								
58	A4334	strap, each		NO		NO			\$4.71	
			Y/ 12 months		per					
		Indwelling catheter foley type, two-way	if PA		calendar					07/02/2007 limit
59	A4338	latex with coating, each	required	YES >31	month	NO			\$11.70	change
		Indwelling catheter, specialty type;								
60	A4340	coude, mushroom, wing, etc, each		NO		NO			\$26.07	
			Y/ 12 months		per					
1		Catheter indwelling, foley type, 2 way,	if PA		calendar					07/02/2007 limit
61	A4344	all silicone, each	required	YES>31	month	NO			\$15.28	change
		Catheter indwelling, foley type, 3 way,								
62	A4346	for continuous irrigation, each		NO		NO			\$18.69	
		Male ext. catheter w or w/o adhesive,				,,,,				
63	A4349	disposable, each		NO		NO			\$2.02	
		Intermittent urinary straight tip urine				,,,,				
64	A4351	catheter, with or without coating		NO		NO			\$1.47	

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2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	0; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current rev									
	_	ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	n 1			D 4 1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Dontal		Rental Price	Purchase Price	date updated
-	neres	Intermittent urinary catheter, Coude tip,	rentai	required	Lillius	Kentai	required	Kentai Frice	File	uate upuateu
65	A4352	with or without coating		NO		NO			\$5.20	
	114332	with or without coating	Y/12 months	110	per	110			Ψ5.20	
		Intermittent urinary cath sterile	if PA		calendar					04/02/2007 limit
66	A4353	catheterization kit	required	YES>124	month	NO			\$6.67	
			•						•	
		Inscrition that with during a had but								
67	A4354	Insertion tray with drainage bag but without catheter		NO		NO			\$11.25	
07	A4334	without cameter		NO		NO			\$11.23	
		Bladder irrigation tubing set through a								
68	A4355	three-way indwelling foley catheter, each		NO		NO			\$8.50	
ا ا	111000	mee may marrening roley cametor, each	Y/ 12 months	110		110			Ψ3.50	
			if PA		4 per					
69	A4356	Ext ureth clmp or compr dvc	required	YES > 4	year	NO			\$43.52	
		•	Y/ 12 months		per					
			if PA		calendar					
70	A4357	Bedside drainage bag	required	YES > 1	month	NO			\$7.86	
		Urinary drainage bag, leg or abdomen,								
		vinyl with or without tube with straps,								
	A4358	each		NO		NO			\$5.39	
72	A4359	Urinary suspensory w/o leg bag							CMS DC 1/07	1/2/2007

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDCG	D	purchase or	CMN	T,	D 4 1	CMN	D (1D)	Purchase	1, 1, 1
9	HCPCS	Description	rental Y/ 12 months	required	Limits	Kentai	required	Rental Price	Price	date updated
			if PA		6 per					rate change
73	A4361	Ostomy face plate	required	YES> 6	year	NO			\$18.37	8/1/2007
13	A4301	Ostomy race prate	Y/ 12 months	1123/0	per	NO			\$10.57	0/1/2007
			if PA		calendar					rate change
74	A4362	Solid skin barrier	required	YES > 20	month	NO			\$3.17	8/1/2007
	11.002		requires	125 / 20	111011111	110			40.117	rate change
75	A4363	Ostomy clamp, any type, each		NO		NO			\$2.01	8/1/2007
		Adhesive, liquid or equal, any type, per								rate change
76	A4364	ounce		NO		NO			\$2.93	8/1/2007
			Y/12 months		per					
			if PA		calendar					rate change
77	A4366	Ostomy vent, any type, each	required	YES>1	month	NO			\$1.30	8/1/2007
			Y/12 months		per					
			if PA		calendar					rate change
78	A4367	Ostomy belt	required	YES> 1	month	NO			\$7.35	8/1/2007
									фС - -	rate change
/9	A4368	Ostomy filter		NO		NO			\$0.26	8/1/2007
80	A4369	Skin barrier liquid per oz		NO		NO			\$2.42	rate change 8/1/2007

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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
		ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D 1			D 4 3			
			expiration date for	Purchase			Rental PA&			
			purchase or	PA & CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Dontal		Rental Price	Purchase Price	date updated
-	l	Description	Tentai	requireu	Lillits	Kentai	requireu	Rental I lice	11100	rate change
81	A4371	Skin barrier powder per oz		NO		NO			\$3.65	8/1/2007
<u> </u>	11.071	Similar powder per of		1,0		1,0			φ2.02	rate change
82	A4372	Ostomy Skin barrier solid 4x4 equiv		NO		NO			\$4.18	8/1/2007
										rate change
83	A4373	Skin barrier with flange		NO		NO			\$6.28	8/1/2007
										rate change
84	A4375	Drainable plastic pch w fcpl		NO		NO			\$17.18	8/1/2007
										rate change
85	A4376	Drainable rubber pch w fcplt		NO		NO			\$47.58	8/1/2007
00	A 4277	Duainable platic mah. (5.5)		NO		NO			Φ4 2 0	rate change 8/1/2007
86	A4377	Drainable plstic pch w/o fp		NO		NO			\$4.29	rate change
87	A4378	Drainable rubber pch w/o fp		NO		NO			\$30.75	8/1/2007
 '	117310	Diamable rubber pell w/o ip		110		110			φ30.73	rate change
88	A4379	Urinary plastic pouch w fcpl		NO		NO			\$15.02	8/1/2007
									•	rate change
89	A4380	Urinary plastic pouch w/o fp		NO		NO			\$37.33	8/1/2007
		Ostomy pouch, urinary, for use on								rate change
90	A4381	faceplate, plastic, each		NO		NO			\$4.61	8/1/2007

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	Red indica	tes new codes or changes for the most								
4	current rev									
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		•					_			rate change
91	A4382	Urinary hvy plstc pch w/o fp		NO		NO			\$24.62	8/1/2007
										rate change
92	A4383	Urinary rubber pouch w/o fp		NO		NO			\$28.19	8/1/2007
									40.50	rate change
93	A4384	Ostomy faceplt/silicone ring		NO		NO			\$9.62	8/1/2007
94	A4385	Ost skn barrier sld ext wear		NO		NO			\$5.10	rate change 8/1/2007
<u> </u>	111303	Ost skii builler sid ext wedi		110		110			ψ3.10	rate change
95	A4387	Ost clsd pouch w att st barr		NO		NO			\$3.83	8/1/2007
										rate change
96	A4388	Drainable pch w ex wear barr		NO		NO			\$4.36	8/1/2007
						,,,,			ф - 	rate change
97	A4389	Drainable pch w st wear barr		NO		NO			\$6.22	8/1/2007
98	A4390	Drainable pch ex wear convex		NO		NO			\$0.61	rate change 8/1/2007
30	117370	Diamable pen ex wear convex		110		110			ψ9.01	rate change
99	A4391	Urinary pouch w ex wear barr		NO		NO			\$7.07	8/1/2007
										rate change
100	A4392	Urinary pouch w st wear barr		NO		NO			\$8.18	8/1/2007

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	11					
	Red indica	ates new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ity limit is exceeded, a CMN & PA are ro								
8	By curren	t regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1,,,		***		NO		NO			00.04	rate change
101	A4393	Urine pch w ex wear bar conv Ostomy pouch liq deodorant w/wo		NO		NO			\$9.04	8/1/2007 rate change
100	A4394	lubricant		NO		NO			\$2.50	8/1/2007
	A4394 A4395	Ostomy pouch solid deodorant		NO		NO			\$0.05	
103	A4393	Ostomy belt with peristomal hernia		NO		NO			1	rate change
104	A4396	support		NO		NO				8/1/2007
104	A4370	support	Y/ 12 months	NO	per	NO			ψ+0.46	0/1/2007
			if PA		calendar					rate change
105	A4397	Irrigation supply sleeve	required	YES > 4	month	NO				8/1/2007
100	11.077	migation supply steets	Y/ 12 months	1257.	111011111	110			Ψ	0/1/2007
			if PA		4 per					rate change
106	A4398	Ostomy irrigation bag	required	YES > 4	year	NO				8/1/2007
		, , ,	Y/12 months		-					
			if PA		4 per					rate change
107	A4399	Ostomy irrig cone/cath w brs	required	YES > 4	year	NO			\$10.93	8/1/2007
			Y/ 12 months		per					
			if PA		calendar					rate change
108	A4400	Ostomy irrigation set	required	YES > 1	month	NO			\$46.76	8/1/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	9								
5	PA require	d for rentals as indicated on the fee scho	edule.							
6		rance of a code on this fee schedule does		coverage.						
	If a quantit	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price		date updated
										rate change
			V/10							8/1/2007 limit of
			Y/12 months		per					4 oz. per calendar
100	A4402	Inhairent maiorie man an 1 an 1 anit	if PA	YES>4 oz	calendar month	NO				month corrected
109	A4402	Lubricant price is per oz. 1 oz.=1 unit	required Y/ 12 months	1ES>4 0Z	per	NO			\$1.30	2/6/08
			if PA		calendar					rate change
110	A4404	Ostomy ring each	required	YES > 10	month	NO				8/1/2007
110	Аттот	Ostomy skin barrier, non-pectin based,	required	1L5 > 10	monui	110				rate change
1111	A4405	paste, per oz		NO		NO				8/1/2007
		Final								rate change
112	A4406	Ostomy skin barrier, pectin based, per oz		NO		NO				8/1/2007
		Ostomy skin barrier, with fl, extend								rate change
113	A4407	wear, built in convexity, 4x4 or <		NO		NO			\$8.76	8/1/2007
		Ostomy skin barrier, with fl, extend				<u></u>				rate change
114	A4408	wear, built in convexity, 4x4 or >		NO		NO				8/1/2007
										rate change
115	A4409	Ostomy skin barrier with flange		NO		NO				8/1/2007
1	[.	Ostomy skin barrier, with fl, ex wear,								rate change
116	A4410	without built in convexity, >4x4 ea		NO		NO			\$9.04	8/1/2007

	А	В	С	D	Е	F	G	Н	I	J
1		D PROGRAM DME FEE SCHEDULE								
2										
	E 61.1	1 7/4/10 0/4/40 40/7/40 44	10/10 10/1	10 1/1/						
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	11					
		tes new codes or changes for the most								
	current rev									
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	~_ ~		purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
,,,		Ostomy skin barrier, solid 4x4 or eq. ext.		110					Φ	rate change
117	A4411	wear, built in convexity, each		NO		NO			\$5.10	8/1/2007
1,,,	A 4410	Ostomy pouch, drainable, high otpt, use		NO		NO			Φ2.70	rate change
118	A4412	on barrier w/o filter each		NO		NO			\$2.70	8/1/2007
140	A 4412	Ostomy pouch, drainable, high otpt, use on barrier w/ fl with filter ea		NO		NO			¢5 50	
119	A4413	Ostomy skin barrier, with fl, w/o built in		NO		NO			\$5.50	
120	A4414	convexity 4x4 or <		NO		NO			\$4.93	
120	A4414	Ostomy skin barrier, with fl, w/o built in		INU		INO			φ4.93	
121	A4415	convexity 4x4 or >		NO		NO			\$6.00	
	117713	Converse TAT OI >	Y/12 months	110	per	110			ψ0.00	
		Ostomy pouch, closed, w/barrier att.	if PA		calendar					
122	A4416	W/filter 1 pc. Each	required	YES>60	month	NO			\$2.75	
· · · ·	111110	Ostomy pouch, closed, w/barrier	Y/12 months	125/00	per	110			Ψ2.13	
		att.,w/built-in convexity, w/filter 1 pc,	if PA		calendar					
123	A4417	each	required	YES>60	month	NO			\$3.72	
	1		Y/12 months	.5. 23	per				/ -	
		Ostomy pouch, closed, w/o barrier att.	if PA		calendar					
124	A4418	W/filter 1 pc. Each	required	YES>60	month	NO			\$1.81	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/12 months		per					
405		Ostomy pouch, closed, use on barrier	if PA	TTPG 60	calendar				0.4 7.4	
125	A4419	w/non-lock flange,w/filter 2pc, each	required Y/12 months	YES>60	month	NO			\$1.74	
			if PA		per					
400	A4420	Ostomy pouch, closed, use on barrier		YES>60	calendar	NO			¢1.0 <i>c</i>	
126	A4420	with lock flange 2 pc, each	required Y/12 months	YES>60	month	NO			\$1.86	
			if PA							
127	A4421	Ostomy supply, miscellaneous	required	YES		NO			М	
127	A4421	Ostomy suppry, miscenaneous	Y/12 months	ILS	per	NO			1V1	
		Ostomy pouch closed, 2 pc. Locking	if PA		calendar					rate change
128	A4423	flange, each	required	YES>60	month	NO				8/1/2007
<u></u> -			Y/12 months	123,00	per	110			Ψ1.00	5. 1. 200 .
		Ostomy pouch, drainable,w/barrier 1 pc,	if PA		calendar					rate change
129	A4424	each	required	YES>60	month	NO				8/1/2007
			Y/12 months		per					
		Ostomy pouch drainable, non-locking	if PA		calendar					rate change
130	A4425	flange 2 pc each	required	YES>60	month	NO				8/1/2007
			Y/12 months		per					
		Ostomy pouch, drainable, with locking	if PA		calendar					rate change
131	A4426	flange, 2 pc. Each	required	YES>60	month	NO			\$2.73	8/1/2007

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/12 months		per					
1,00	A 4 4 2 7	Ostomy pouch, drainable, use on barrier		VEG. CO	calendar	NO			\$2.70	rate change
132	A4427	w/locking flange, w/filter 2 pc, each	required Y/12 months	YES>60	month	NO			\$2.78	8/1/2007
		Otosmy pouch, urinary, extended wear	if PA		per calendar					rate change
133	A4428	faucet type tap, each	required	YES>60	month	NO				8/1/2007
133	A4420	laucet type tap, each	Y/12 months	1E3>00	per	NO			\$0.51	0/1/2007
		Ostomy pouch, urinary w/convexity,	if PA		calendar					rate change
134	A4429	faucet type tap, each	required	YES>60	month	NO				8/1/2007
 	111127	radeet type tap; each	Y/12 months	125/00	per	110			Ψ0.22	0/1/2007
		ostomy pouch urinary, ext. wear,	if PA		calendar					rate change
135	A4430	convexity, faucet tap, each	required	YES>60	month	NO				8/1/2007
			Y/12 months		per				*	
		ostomy pouch, urinary, w/barrier, faucet	if PA		calendar					rate change
136	A4431	type tap, w/valve ea.	required	YES>60	month	NO			\$6.22	8/1/2007
			Y/12 months		per					
		ostomy pouch, urinary, non-locking	if PA		calendar					rate change
137	A4432	flange, faucet type, ea.	required	YES>60	month	NO			\$3.59	8/1/2007
			Y/12 months		per					
		ostomy pouch, urinary, w/locking flange,			calendar					rate change
138	A4433	ea.	required	YES>60	month	NO			\$3.34	8/1/2007

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	5	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental Y/12 months	required	Limits	Kental	required	Rental Price	Price	date updated
					per					
420	A 4424	ostomy pouch, urinary, w/locking flange,		VEG. 60	calendar	NO			¢2.76	rate change
	A4434 A4450	w/faucet type tap ea. Tape, non-water proof, 18 sq inches	required	YES>60 NO	month	NO NO			\$3.76	8/1/2007
	A4450 A4452	Tape, water proof, 18 sq inches		NO		NO			\$0.09	
141	A4432	Tape, water proof, 18 sq inches	Y/12 months	NO		NO			\$0.30	
			if PA							
142	A4455	Adhesive remover per ounce	required	YES>32		NO			\$1.16	
172	Аттээ	Addresive remover per ounce	required	1 L5/32		110			ψ1.10	CMS added
143	A4456	Adhesive remover, wipes, any type, each		NO		NO			\$0.26	1/1/10
	A4465	Non elastic binder for extremity	Y/12 months	YES		NO			M	
<u> </u>	1	Garment, belt, sleeve or other covering,								, = 0 0 .
		elastic or similar stretchable material,								CMS added
145	A4466	any type, each	Y/12 months	YES		NO			M	1/1/10
	A4481	Tracheostoma filter		NO		NO			\$0.37	
		Moisture exchanger, disposable, for use								
		with invasive mechanical ventilation,								added to fee
147	A4483	each	Y/12 months	YES		NO			M	schedule 4/14/08
		Incontinent comment and town and								
140	A 4520	Incontinent garment any type, each								
148	A4520	NO COVERAGE THROUGH DME					<u> </u>			

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4		vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
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7		ty limit is exceeded, a CMN & PA are re								
8		t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
149	A4556	Electrodes, apnea monitor, per pair		NO		NO	_		\$9.94	
150	A4557	Lead wires, apnea monitor per pair		NO		NO			\$20.19	
		Conductive paste or gel for use with								
151	A4558	electrical device E.G. tens		NO		NO			\$5.22	
152	A4561	Pessary, rubber, any type		NO		NO			\$16.82	
153	A4562	Pessary, nonrubber, any type		NO		NO			\$45.57	
154	A4565	Slings		NO		NO			\$4.35	
155	A4595	TENS suppl 2 lead per month		NO		NO			\$27.56	
		sleeve for intmt. Limb compression								
156	A4600	device, replac. only	Y/12 months	YES		NO			M	1/2/2007
		Lithium ion battery for non-prosthetic								
157	A4601	use, repl. Only	Y/12 months	YES		NO			M	
		tubing with integrated heat use with pos.								01/02/2007 rate
158	A4604	airway pressure device		NO		NO			\$60.13	
		Tracheal suction catheter, closed system,								01/02/2007 rate
	A4605	each		NO		NO			\$14.76	change
160	A4606	Oximeter probe replacement		NO		NO			\$27.00	
										rate change per
161	A4608	Transtracheal oxygen catheter, each		NO		NO			\$52.63	CMS

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
4	current rev	<u> </u>								
		ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Heavy duty battery, Ventilator,								
162	A4611	replacement for patient owned		NO		NO			\$174.26	
163	A4612	Battery cables		NO		NO			\$65.00	
	A4613	Battery charger		NO		NO			\$137.96	
165	A4614	Hand-held PEFR meter		NO		NO			\$22.75	
166	A4618	Breathing circuits		NO		NO			\$8.51	
										rate change per
167	A4619	Face tent		NO		NO			\$1.27	CMS
			Y/ 12 months		per					
			if PA		calendar					
168	A4623	Tracheostomy inner cannula	required	YES>31	month	NO			\$5.31	
			Y/ 12 months		per					
			if PA		calendar					
169	A4624	Tracheal suction tube	required	YES> 91	month	NO			\$2.14	
			Y/ 12 months		per					
			if PA		calendar					
170	A4625	Trach care kit for new trach	required	YES> 1	month	NO			\$6.61	
			Y/ 12 months		per					
			if PA		calendar					
171	A4626	Tracheostomy cleaning brush	required	YES > 2	month	NO			\$2.59	

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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
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6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	A4627	Spacer, bag or reservoir for inhaler		NO		NO			\$38.00	
	A4628	Oropharyngeal suction cath		NO		NO			\$3.58	
	A4629	Tracheostomy care kit		NO		NO			\$4.42	
	A4630	Repl bat t.e.n.s. own by pt		NO		NO			\$5.98	
176	A4635	Underarm crutch pad		NO		NO			\$4.89	
177	A4636	Handgrip for cane etc		NO		NO			\$3.81	rate change from \$4.02 eff. 3/1/10
178	A4637	Repl tip cane/crutch/walker		NO		NO			\$1.93	rate change from \$2.04 eff 3/1/10
179	A4640	Alternating pressure pad		NO		NO			\$60.58	
180	A4649	Surgical Supply, Miscellaneous	Y/12 months	YES		NO			M	
			Y/ 12 months		per					
			if PA		calendar					rate set
181	A5051	Pouch clsd w barr attached	required	YES>60	month	NO			\$1.86	08/01/2007
			Y/ 12 months		per					
			if PA		calendar					
182	A5052	Clsd ostomy pouch w/o barr	required	YES > 60	month	NO			\$1.35	

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	Red indica	tes new codes or changes for the most								
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5	PA require	ed for rentals as indicated on the fee sch	edule.							
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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/ 12 months		per					
1,00			if PA	**************************************	calendar				04.44	
183	A5053	Clsd ostomy pouch faceplate	required Y/ 12 months	YES> 60	month	NO			\$1.41	
			if PA		per					
1,04	A5054			VEC. (0	calendar	NO			¢1 40	
184	A5054	Clsd ostomy pouch w/flange	required Y/ 12 months	YES> 60	month	NO			\$1.42	
			if PA		per calendar					
105	A5055	Stome con	required	YES > 31		NO			\$1.37	
163	AJUJJ	Stoma cap	Y/ 12 months	1E3 > 31	per	NO			\$1.57	1/16/09 rate
			if PA		calendar					change from
186	A5061	Pouch drainable w barrier at	required	YES > 20		NO			\$3.70	\$2.58
	113001	2 oden dramatic w darrier at	Y/ 12 months	125 / 20	per	110			ψ3.70	φ2.50
			if PA		calendar					
187	A5062	Drnble ostomy pouch w/o barr	required	YES >20	month	NO			\$2.12	
		J.F. T.	Y/ 12 months		per					
			if PA		calendar					rate change
188	A5063	Drain ostomy pouch w/flange	required	YES > 20	month	NO			\$2.29	
			Y/12 months		per					
			if PA		calendar					
189	A5071	urinary pouch w/barrier	required	YES > 20	month	NO			\$4.15	

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	Red indica	tes new codes or changes for the most								
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5	PA require	ed for rentals as indicated on the fee sch	edule.							
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		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA& CMN		D	
	HCPCS	Dogovinskion	purchase or	CMN	T ::4	Domtol		Dantal Duisa	Purchase Price	J. 4 J. 4. J
9	incres	Description	rental Y/ 12 months	required	Limits per	Kentai	required	Rental Price	Price	date updated
			if PA		calendar					
190	A5072	urinary pouch w/o barrier	required	YES > 20		NO			\$3.36	
100	115072	armary poden we carrier	Y/ 12 months	125 / 20	per	110			ψ3.30	
			if PA		calendar					
191	A5073	urinary pouch on barr w/flng	required	YES >20	month	NO			\$3.04	
			Y/ 12 months		per					
			if PA		calendar					
192	A5081	Continent stoma plug	required	YES>31	month	NO			\$2.97	
			Y/ 12 months		per					
			if PA		calendar					
193	A5082	Continent stoma catheter	required	YES > 1	month	NO			\$9.64	
		Continent device, stoma absorptive								eff. DOS 8-1-08
194	A5083	cover for continent device, each		NO		NO			\$0.50	and after.
			Y/ 12 months		per					
			if PA		calendar					
195	A5093	Ostomy accessory convex inse	required	YES > 10	month	NO			\$1.86	
			Y/ 12 months							
1,00			if PA	******	4 per				ΦΦ	
196	A5102	Bedside drain btl w/wo tube	required	YES> 4	year	NO			\$21.53	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current rev									
5		d for rentals as indicated on the fee sch								
6		cance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				D (1			
			expiration	Purchase			Rental			
			date for	PA &			PA&		D	
	Habaa	D 1.4	purchase or	CMN	T,	D 4 1	CMN	D 4 1D 1	Purchase	14 14 1
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		urinary suspensory with leg bag w/wo								CMS description
197	A5105	tube each		NO		NO			\$33.88	chg. 1/08
198	A5112	urinary leg bag		NO		NO			\$33.02	
199	A5113	Latex leg strap		NO		NO			\$3.81	
			Y/ 12 months		per					
			if PA		calendar					
200	A5114	Foam/fabric leg strap	required	YES > 1	month	NO			\$7.24	
										rate change
201	A5120	Skin barrier wipes or swabs, each	*****	NO		NO			\$0.20	01/02/2007
			Y/ 12 months		per					
	. 5101		if PA	TABIG CO	calendar	NO			Φ= 12	
202	A5121	Solid skin barrier 6x6	required Y/ 12 months	YES > 20	month	NO			\$7.12	
			if PA		per calendar					
202	A5122	Solid skip harriar 8v9		YES>20		NO			\$12.26	
203	A3122	Solid skin barrier 8x8	required Y/ 12 months	1E5>20	month	NU			\$12.26	
			if PA		per calendar					
204	A5126	Disk/foam pad +or- adhesive		YES > 10		NO			\$1.07	
204	A3120	Disk/toam pau +ot- aunestve	required	1E9 > 10	шоши	NO			\$1.07	

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2										
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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
	•	ed for rentals as indicated on the fee sch								
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
			Y/ 12 months		per					
			if PA		calendar					
	A5131	Appliance cleaner	required	YES > 1	month	NO			\$15.11	
206	A5200	Percutaneous catheter anchor		NO		NO			\$10.78	
										rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
207	A5500	Diabetic shoe for density insert, per shoe	Y/12 months	year	year	NO			\$55.72	
										rate change
208	A5501	Diabetic custom molded shoe, per shoe	Y/ 12 months	YES		NO			\$167.13	08/01/2007
					_					rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
209	A5503	Diabetic shoe w/roller/rocker, per shoe	Y/12 months	year	year	NO			\$24.79	
				** 0						rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
210	A5504	Diabetic shoe with wedge, per shoe	Y/12 months	year	year	NO			\$24.79	10;

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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
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7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
211	A5505	Diabetic shoe w/metatarsal bar, per shoe	Y/12 months	year	year	NO			\$24.79	
										rate change
				Yes>2 per	2 per					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
212	A5506	Diabetic shoe w/offset heel, per shoe	Y/12 months	year	year	NO			\$24.79	
										rate change
				Yes>2 per	_					08/01/2007; PA
				calendar	calendar					removed eff 8-1-
213	A5507	Modification to diabetic shoe	Y/12 months	year	year	NO			\$24.79	10;
		For diabetics only, deluxe feature of off			2 per					
		the shelf depth-inlay or custom-molded			calendar					PA removed eff.
214	A5508	shoe, per shoe	Y/12 months	YES	year	NO			\$32.00	8-1-10
		For diabetics only, direct formed,			2 per					
		compression molded, without heat, mul			calendar					PA removed eff.
215	A5510	density insert prefab, per shoe	Y/12 months	YES	year	NO			\$32.00	8-1-10

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	Red indicat	tes new codes or changes for the most								
4	current rev									
		d for rentals as indicated on the fee sch								
6		cance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				.			
			expiration date for	Purchase PA &			Rental PA&			
				CMN			CMN		Purchase	
	HCPCS	Description	purchase or		T imita	Dontal		Dantal Drias	Purcnase Price	doto undotod
9	HCPCS	Description	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated rate change
				Yes>6 per						08/01/2007; PA
		Diabetic only insert mult. Density direct		calendar	6 per					removed eff 8-1-
216	A5512	formed, each	Y/12 months	year	year	NO			\$22.73	
2.0	113312	Diabetic only insert mult. Density	1/12 months	year	6 per	110			Ψ22.73	10,
217	A5513	custom formed, each	Y/12 months	YES	year	NO			\$32.00	
		Collagen based wound filler, dry form,			J				, , , , , , ,	
218	A6010	per gram of collagen		NO		NO			\$24.77	
		Collagen based wound filler, gel/paste,								
219	A6011	per gram of collagen		NO		NO			\$1.82	
		Collagen drsg, size 16 sq inches or less,			<u></u>					
220	A6021	each		NO		NO			\$21.02	
		Collagen drsg, more than 16 sq in but								
221	A6022	less than 48 or equal to 48 inches		NO		NO			\$20.05	
		Collagen drsg, more than 48 square							****	
222	A6023	inches, each	Y/12 months	YES		NO			\$181.51	
223	A6024	Collagen drsg wound filler, per 6 inches		NO		NO			\$5.90	
	A6154	Wound pouch each		NO		NO			\$13.71	
	A6196	alginate dressing <=16 sq in, each		NO		NO			\$7.01	
	A6197	alginate drsg >16 <=48 sq in, each		NO		NO			\$15.68	

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2										
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	Red indica	tes new codes or changes for the most								
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8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits		required	Rental Price	Price	date updated
	A6203	Composite drsg <= 16 sq in, each		NO		NO			\$3.19	
	A6204	Composite drsg >16<=48 sq in, each		NO		NO			\$5.94	
	A6207	Contact layer >16<= 48 sq in, each		NO		NO			\$7.00	
	A6209	Foam drsg <=16 sq in w/o bdr, each		NO		NO			\$7.14	
	A6210	Foam drg >16<=48 sq in w/o b, each		NO		NO			\$19.00	
	A6211	Foam drg > 48 sq in w/o brdr, each		NO		NO			\$28.01	
	A6212	Foam drg <=16 sq in w/border, each		NO		NO			\$9.25	
234	A6214	Foam drg > 48 sq in w/border, each		NO		NO			\$9.82	
										07/02/2007 limit
235	A6216	Non-sterile gauze<=16 sq in, each		NO		NO			\$0.05	removed
										added to fee
	1.6217	Non-sterile gauze>16 sq in <= 48", w/o		1.00						schedule March
	A6217	adhesive border, each		YES		NO				09
	A6219	Gauze <= 16 sq in w/border, each		NO		NO			\$0.91	
	A6220	Gauze >16 <=48 sq in w/border, each		NO		NO			\$2.46	
	A6222	Gauze <=16 in no w/sal w/o b, each		NO		NO			\$2.03	
	A6223	Gauze >16<=48 no w/sal w/o b, each		NO		NO			\$2.30	
	A6224	Gauze > 48 in no w/sal w/o b, each		NO		NO			\$3.44	
242	A6229	Gauze >16<=48 sq in watr/sal, each		NO		NO			\$3.44	
243	A6231	Gauze, hydrogel, 16 sq in or less, each		NO		NO			\$4.46	

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	Red indica	tes new codes or changes for the most								
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		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Gauze, hydrogel, more than 16 but less							A	
244	A6232	than 48 sq in, each		NO		NO			\$6.57	
045	A 6000	Gauze, hydrogel, more than 48 sq		NO		NO			φ10.20	
	A6233	inches, each		NO		NO			\$18.30	
	A6234 A6235	Hydrocolld drg <=16 w/o bdr, each		NO NO		NO NO			\$6.24	
	A6235 A6236	Hydrocolld drg >16<=48 w/o b, each		NO		NO			\$16.05 \$25.99	
	A6236 A6237	Hydrocolld drg > 48 in w/o b, each		NO		NO			\$25.99 \$7.54	
	A6238	Hydrocolld drg <=16 in w/bdr, each Hydrocolld drg >16<=48 w/bdr, each		NO		NO			\$7.34	
	A6240	Hydrocolld drg filler paste, each		NO		NO			\$21.74	
	A6241	Hydrocolloid drg filler dry, each		NO		NO			\$2.45	
	A6242	Hydrogel drg <=16 in w/o bdr, each		NO		NO			\$5.79	
	A6243	Hydrogel drg >16<=48 w/o bdr, each		NO		NO			\$11.75	
	A6244	Hydrogel drg >48 in w/o bdr, each		NO		NO			\$37.46	
	A6245	Hydrogel drg <= 16 in w/bdr, each		NO		NO			\$6.93	
	A6246	Hydrogel drg >16<=48 in w/b, each		NO		NO			\$9.46	
	A6247	Hydrogel drg > 48 sq in w/b, each		NO		NO			\$22.68	
259	A6248	Hydrogel drsg gel filler per fl. oz		NO		NO			\$15.49	
260	A6251	Absorpt drg <=16 sq in w/o b, each		NO		NO			\$1.90	
	A6252	Absorpt drg >16 <=48 w/o bdr, each		NO		NO			\$3.10	
262	A6253	Absorpt drg > 48 sq in w/o b, each		NO		NO			\$6.05	

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2										
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		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits		required	Rental Price	Price	date updated
	A6254	Absorpt drg <=16 sq in w/bdr, each		NO		NO			\$1.16	
	A6255	Absorpt drg >16<=48 in w/bdr, each		NO		NO			\$2.89	
	A6257	Transparent film <= 16 sq in, each		NO		NO			\$1.46	
	A6258	Transparent film >16<=48 in, each		NO		NO			\$4.10	
	A6259	Transparent film > 48 sq in, each		NO		NO			\$10.43	
	A6266	Impreg gauze no h20/sal/yard,		NO		NO			\$1.83	
	A6402	Sterile gauze <= 16 sq in, each		NO		NO			\$0.12	
270	A6403	Sterile gauze>16 <= 48 sq in, each		NO		NO			\$0.41	
		Packing strips, non-impregn, up to 2								
	A6407	inches in width, per lin yd		NO		NO			\$1.50	
272	A6410	Eye pad, sterile, each		NO		NO			\$0.41	added 5/1/10
076		Padding bandg. Non-elast. >=3" and <								
2/3	A6441	5", per yard		NO		NO			\$0.54	
07.	1.6440	Conforming bandg. Non-sterile, width		NO					AC 1.1	
2/4	A6442	<pre><3", per yard</pre>		NO		NO			\$0.14	
075	1 6442	Conforming bandg. Non-sterile, widtth		l vo		NO			40.33	
2/5	A6443	>=3' and < 5", per yard		NO		NO			\$0.23	
070	A C 1 1 1	Conforming bandg. Non-sterile, width		l NO		NO			¢0.47	
2/6	A6444	>=5", per yard		NO		NO			\$0.45	
277	A6445	Conforming bandg. Sterile, width <3", per yard		NO		NO			\$0.26	

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		ites new codes or changes for the most								
4		vision date.								
		ed for rentals as indicated on the fee sch	edule							
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re		l						
	_	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Conforming bandg. Sterile, width >= 3"								
278	A6446	and < 5", per yard		NO		NO			\$0.33	
		Conforming bandg. Sterile, width >= 5								
279	A6447	",per yard		NO		NO			\$0.54	
		Lt. Compression bandg. Width , 3", per								
280	A6448	yard		NO		NO			\$0.93	
		Lt. Compression bandg. Width >= 3", <								
281	A6449	5" per yard		NO		NO			\$1.40	
		High compression bandg., width >= 3 "							4.5 2	
282	A6452	and < 5", per yard		NO		NO			\$4.73	
		Self-adherent bandg. Width <3", per								
283	A6453	yard		NO		NO			\$0.49	
		Self-adherent bandg. Width >= 3" and <								
284	A6454	5", per yard		NO		NO			\$0.62	
005	1.6455	Self-adherent bandg. Width >=5", per		NO		NO			h 4 4 4	
285	A6455	yard		NO		NO			\$1.11	
200	A C 15 C	Zinc paste impregnated width >=3" and		l NO		NO			¢1.00	
286	A6456	< 5", per yard		NO		NO			\$1.02	
207	A 6 1 5 7	Tubular drsg. W or w/o elastic any		NO		NO			\$0.91	
201	A6457	width, per linear yd.		NU		NO	<u> </u>		\$U.91	

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1		D PROGRAM DME FEE SCHEDULE								
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	Red indica	tes new codes or changes for the most								
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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	~_		purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
000	A 6502	Compression burn garment, facial hood,	X7/6 11	MEG		NO			3.4	added for DOS
288	A6503	custom Compression burn garment, glove to	Y/6 months	YES		NO			M	4/1/09 and after
200	A6504	wrist, custom fabricated	Y/6months	YES		NO			М	
209	A0304	Compression burn garment glove to	1/OHIOHUIS	IES		NO			IVI	code added
200	A6505	elbow sleeve custom	Y/6 months	YES		NO			М	
290	A0303	Compression burn garment glove to	1/0 monus	TES		NO			IVI	code added 4-1-
201	A6506	axilla, custom fab., each	Y/6 months	YES		NO			М	
231	A0300	Compression burn garment, foot to thigh	1/0 months	ILS		110			141	code effective as
292	A6507	length-custom fab., each	Y/6 months	YES		NO			М	
100	110507	Compression burn vest, custom	170 months	TES		1,0			171	code added
293	A6509	fabricated, each	Y/6 months	YES		NO			M	
		Compression burn garment, trunk incl.								
		arms down to leg openings (leotard)								code added to fee
294	A6510	custom fabricated, each	Y/6 months	YES		NO			M	schedule 8/21/09
		Compression burn garment, lower trunk								code added
295	A6511	including leg openings, custom, each	Y/6 months	YES		NO			M	07/02/2007
										code added
296	A6512	Compression burn garment NOC	Y/6 months	YES		NO			M	07/02/2007

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2										
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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are r								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDCC	D	purchase or	CMN	T • •4	D 4 1	CMN	D 4 1D 1	Purchase	
9	HCPCS	Description Compression burn mask, face and/or	rental	required	Limits	Rental	required	Rental Price	Price	date updated code added
207	A6513	neck, plastic or equal, custom	Y/6 months	YES		NO			M	04/02/2007
291	A0313	neck, plastic of equal, custom	1/0 monus	IES		NO			IVI	code added
		Gradient compression stocking below								8/30/07,
298	A6530	knee, 18-30mm Hg, each	Y/12 months	YES		NO			М	clarification 9/08
	110000	Gradient compression stocking below	1/12 months	120		1,0			111	code added
299	A6531	knee, 30-40mmg Hg, each	Y/12 months	YES		NO			\$38.94	
										code added
		Gradient compression stocking below								1/9/09 for
300	A6532	knee, 40-50mmg Hg, each Gradient compression stocking, thigh	Y/12 months	YES		NO			M	effective date of
301	A6534	length, 30-44 mm Hg, each	Y/12 months	YES		NO			М	code added 12/07
	110331	lengui, 30 11 mm 11g, each	1/12 months	TES		110			141	code eff.
		Gradient compression stocking/sleeve,								1/1/2010; added
302	A6549	NOC	Y/12 months	YES		NO			M	, ,
		Drsg. Set for neg. pressure wound								
303	A6550	therapy		NO		NO			\$21.94	
										rate change from
										\$9.13 effective
	A7000	Disposable canister for pump		NO		NO				3/1/10
	A7001	Nondisposable pump canister		NO		NO			\$27.96	
306	A7002	Tubing used w suction pump		NO		NO			\$3.11	

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	~_ ~		purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	A7003	Nebulizer administration set		NO		NO			\$2.60	
	A7004	Disposable nebulizer sml vol		NO		NO			\$1.47	
	A7005	Nondisposable nebulizer set		NO		NO			\$25.07	
	A7006	Filtered nebulizer admin set		NO		NO			\$9.13	
	A7007	Lg vol nebulizer disposable		NO		NO			\$4.16	
	A7008 A7009	Disposable nebulizer prefill Nebulizer reservoir bottle		NO NO		NO NO			\$8.94	
	A7009 A7010			NO		NO			\$39.23 \$19.18	
	A7010 A7012	Disposable corrugated tubing Nebulizer water collec devic		NO		NO			\$19.18	
	A7012 A7013	Disposable compressor filter		NO		NO			\$3.62 \$0.67	
	A7013 A7014	Compressor nondispos filter		NO		NO			\$4.29	
	A7014 A7015	Aerosol mask used w nebulize		NO		NO			\$1.80	
	A7015	Nebulizer dome & mouthpiece		NO		NO			\$6.53	
	A7017	Nebulizer not used w oxygen		NO		NO			\$128.23	
	A7018	Water, distilled, nebulizer, 1000 ml		NO		NO			\$0.31	
		Comb. Oral/nasal mask, used with							, , , , , ,	CMS code
322	A7027	CPAP, each	Y/12 months	YES		NO			\$167.87	addition 1/08
		Oral cushion for A7027, replacement								CMS code
323	A7028	only, each	Y/12 months	YES		NO			\$44.59	addition 1/08
		nasal pillows for A7027, replacement								CMS code
324	A7029	only, each	Y/12 months	YES		NO			\$18.22	addition 1/08

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	ites new codes or changes for the most								
4	current re	vision date.								
5		ed for rentals as indicated on the fee sch								
6	• •	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	Habaa	5	purchase or	CMN	T • • •	D . 1	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										new rate eff.DOS
		Full face mask used with positive airway	v/6 months if		1 per					4/1/09; former
325	A7030	pressure device, each	PA required	YES>1	vear	NO				rate \$188.64
020	117030	pressure device, each	171 required	TL5/1	year	110			Ψ170.72	1αις φ100.04
		Face mask interface, replacement for full	v/6 months if		1 per					
326	A7031	face mask, each	PA required	YES>1	month	NO			\$62.79	
			1							\$23.33 former
		Replacement cushion for nasal	y/6 months if		2 /cal.					rate change eff.
327	A7032	application device, each	PA required	YES >2	month	NO			\$32.42	1/15/08
		Replacement pillows for nasal	y/6 months if		12 per					
328	A7033	application device, each	PA required	YES >12	year	NO			\$23.33	
		nasal Interface(mask or cannula type)								\$76.89 former
		used with pos airway pressure device	y/6 months if		4 per					rate change eff.
329	A7034	with or without head strap	PA required	YES >4	year	NO			\$94.11	1/15/08
			1		2					rate change from
	1,7007	Headgear used with positive airway	y/6 months if	TABLE &	2 per				***	\$34.84 effective
330	A7035	pressure device	PA required	YES >2	year	NO			\$32.97	3/1/10.

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indicate	tes new codes or changes for the most								
4	current rev	vision date.								
5	•	ed for rentals as indicated on the fee sch								
6	•	rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	n .			.			
			expiration date for	Purchase			Rental			
				PA &			PA&		D	
9	HCPCS	Description	purchase or rental	CMN	T ::4 a	Domtol	CMN	Rental Price	Purchase Price	do40 do40 d
F=	ncres	Description	rentai	required	Limits	Kentai	required	Rental Price	Price	rate change from
		Chinstrap used with positive airway	y/6 months if		2 per					\$14.90 effective
331	A7036	pressure device	PA required	YES >2	vear	NO			\$14.10	3/1/10
	117030	pressure device	TTTTCquired	125/2	jear	110			Ψ110	rate change from
		Tubing used with positive airway	y/6 months if		1 /cal.					\$38.51 effective
332	A7037	presure device	PA required	YES >1	month	NO			\$36.43	3/1/10
			1							rate change from
		Filter, disposable, used with positive	y/6 months if		2 /cal.					\$5.16 effective
333	A7038	airway pressure device	PA required	YES>2	month	NO			\$4.88	3/1/10
										rate change from
		Filter, non disposable used with positive	y/6 months if		2 per					\$12.46 eff.
	A7039	airway pressure device	PA required	YES >2	year	NO				3/1/10
335	A7040	One way chest drain valve		NO		NO			\$34.18	
]	17012	Vac. Drainage bottle & tubing for		NO		NO			Φ24.22	
336	A7043	implanted catheter		NO		NO			\$24.30	rate effective
										1/15/08 PA req.
		oral interface used with positive								removed eff.
337	A7044	pressure airway device, ea.		NO		NO			\$06.72	1/15/08.
337	A/U44	Exhalation port, w or w/o swivel used		NO		NO			φ70.73	1/13/00.
338	A7045	For positive airway		NO		NO			\$17.52	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration	Purchase			Rental			
			date for	PA &			PA&			
		- · ·	purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Water chamber for humidifier, used with	V/6 months if		2/cal.					
220	A7046	pos. airway pressure device, replac. Each		YES>2	month	NO			\$15.61	
339	A7040	Tracheostoma valve, including	r A required	1 E3>2	ШОПШ	NO			\$15.01	
340	A7501	diaphram, each		NO		NO			\$100.18	
340	A7301	отаритаті, саст		140		110			Ψ100.10	
		Dealer word Perlana (Consultate Cons								
244	A7502	Replacement diaphram/faceplate for tracheostoma valve, each		NO		NO			\$47.61	
341	A7302	Filter holder, cap resuable,		NO		NO			\$47.01	
342	A7503	tracheostoma, each		NO		NO			\$10.81	
072	117505	Filter, tracheostoma, heat and moisture		110		110			Ψ10.01	
343	A7504	exc, each		NO		NO			\$0.64	
		Housing, reusuable without adhesive,								
344	A7505	tracheostoma, each		NO		NO			\$4.46	
		Adhesive disc, tracheostoma valve, any								
345	A7506	type, each		NO		NO			\$0.32	
		Filter holder and filter without adhesive,								rate change eff
346	A7507	tracheostoma, each		NO		NO			\$2.49	5-1-08.
		Housing with adhesive, tracheostoma,								
347	A7508	each		NO		NO			\$2.74	

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/	11					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	• •	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT GD GG	- · · ·	purchase or	CMN	- • • •		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1 240	A 77.000	Filter holder with filter, adhesive,		NO		NO			Φ1 2 4	
348	A7509	tracheostoma, each Trach/laryn. Tube, non-cuffed, PVC,		NO		NO			\$1.34	
240	A 7520			NO		NO			¢47.40	rate change eff.
349	A7520	silicone, or equal, each Trach/laryn. Tube, cuffed, PVC,		NO		NO			\$47.48	5-1-08
250	A7521			NO		NO			¢27.64	
330	A/321	silicone, or equal, each		NO		NO			\$37.64	
		Trach/laryn. Tube, stainless steel or	y/6 months if		2 per cal.					
351	A7522	equal, sterilizable and reuseable, each	PA required	YES>2	month	NO			\$36.13	
331	AIJLL	equal, stermzable and reuseable, each	1 A required	11.572	month	110			ψ30.13	
352	A7524	Tracheostoma stent/stud/button, each		NO		NO			\$61.92	
	11/02	Tracino esternar seema seema seema, caeri		110		110			ψ01.52	
			y/6 months if		1per cal.					
353	A7525	Tracheostomy mask, each	PA required	YES>1	month	NO			\$1.66	
		,	1		31 per				•	
			y/6 months if		cal.					
354	A7526	Tracheostomy tube collar/holder, each	PA required	YES>31	month	NO			\$2.70	
		Tracheostomy/laryngectomy tube								rate change
355	A7527	plug/stop, each		NO		NO			\$3.22	01/02/2007

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE	C							
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev									
		d for rentals as indicated on the fee sch	nedule.							
6	_	cance of a code on this fee schedule doe		coverage.						
7		ty limit is exceeded, a CMN & PA are r								
8	By current	regulation, any item \$500 or over requ	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added
		helmet protective, soft prefab includes								01/02/2007;
356	A8000	all components & accessories	Y/12 months	YES		NO			\$161.02	pricing set 3/1/10
										code added
		Helmet, protective, hard, prefab,							****	01/02/2007;
357	A8001	includes all components & acessories	Y/12 months	YES		NO			\$161.02	pricing set 3/1/10
		Halmat masteriles and make a Col								444-1
250	A8002	Helmet, protective, soft, custom fab,	V/12	YES		NO			3.4	code added
338	A8002	includes all components & accessories Helmet, protective hard, custom	Y/12 months	YES		NO			M	01/02/2007
		fabricated, includes all components &								code added
250	A8003	accessories	Y/12 months	YES		NO			М	01/02/2007
309	Aduus	Soft interface for helmet, replacement	1/12 IIIOIIIIS	IES		NU			IVI	code added
360	A8004	only	Y/12 months	YES		NO			М	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev									
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	ance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added
										6/1/08; unit qty
										change eff.
		G								12/11/09; this code does not
		Sensor; invasive, disposable, for use								
264	A9276	with continuous glucose monitoring	Y/12 months	YES		NO			М	move to
301	A9270	system, 1 unit= 10 sensors	1/12 months	TES		NO			M	pharmacy
										code added
										6/1/08; this code
		Transmitter; external, for use with								does not move to
362	A9277	continuous glucose monitoring system	Y/12 months	YES		NO			M	
		common graces memoring system	1,12 1110111115	125		1,0				pilarii
										code added
										6/1/08; this code
		Receiver; monitor, external, for use with								does not move to
363	A9278	continuous glucose monitoring system	Y/12 months	YES		NO			M	pharmcy
		Misc. DME supply or accessory not								code added
364	A9999	other wise classified	Y/12 months	YES		NO			M	01/02/2007;

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICA	ID PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/	11					
	Red indica	ates new codes or changes for the most								
4	current re	vision date.								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ity limit is exceeded, a CMN & PA are r								
8	By curren	t regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	5	purchase or	CMN	- • • ·		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
					1					rate change 04/02/2007
		Enteral Feed Supply Kit Syringe Fed,			1 unit per calendar					descrip. Change
365	B4034	per day 1 unit = 31 kits		NO	month	NO			\$173.60	
303	D4034	Enteral Feed Supply Kit by Pump 1		NO	monu	NO			\$175.00	rate change
366	B4035	unit=31 kits	Y/ 12 months	YES		NO			\$330.77	
300	D+033	unt-31 kits	1/ 12 months	1 Lb		110			ψ330.77	04/02/2007
					1 unit per					
		Enteral Feed Supply Kit Gravity Fed 1			calendar					rate change
367	B4036	unit=31 kits		NO	month	NO			\$226.61	04/02/2007
368	B4081	Enteral NG tubing w/stylet		NO		NO			\$19.78	
369	B4082	Nasogastric tubing without stylet, each		NO		NO			\$14.73	code added 4/08
										\$3.60 former rate
										change eff.
										1/15/08; new rate
										eff. DOS 4/1/09;
370	B4083	Enteral stomach tube levine		NO		NO				former rate \$2.57
310	P+002	Enteral stolliacii tube ievilie		NO	1	NO	1		\$2.39	10111161 Tale \$2.37

	Α	В	С	D	Е	F	G	Н	l	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN	D 1			D 4 1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
-	incres	Description	Tentai	requireu	Limits	Kentai	requireu	Kentai i iice	11100	uate upuateu
										CMS code
		Gastrostomy/JejunostomyTube,								addition 1/08 rate
371	B4087	standard, any material, any type, each	Y/12 months	YES		NO			\$30.58	set eff.1/3/08
										CMS code
		Gastrostomy/JejunostomyTube, low-								addition 1/08 rate
372	B4088	profile, any material, any type, each	Y/12 months	YES		NO			\$30.58	set eff.1/3/08
		Food thickener, administered orally, per								
373	B4100	oz.	Y/12 months	YES		NO			M	
274	D4102	Enteral formula, adult use, to replace	V/101	VEC		NO			3.4	CMN length chg.
3/4	B4102	fluids & electrolytes 500 ml=1 unit Enteral formula , pediatric use, to	Y/12 months	YES		NO			M	Eff. 12/1/08
		replace fluids & electrolytes 500 ml=1								CMN length chg.
375	B4103	unit	Y/12 months	YES		NO			М	Eff. 12/1/08
5,5	D-7103	unit	1/12 monuis	ILS		110			IVI	Eff. 12/1/08
										Additive is to be
		Additive for enteral formula e.g. fiber								priced per can eff
376	B4104	per can	Y/12 months	YES		NO			М	12/13/10
0,0	דטודע	per can	1/12 1110111115	ILD		110			171	12/13/10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICA	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	10: rev 1/1/1	1					
Ė		· · · · · · · · · · · · · · · · · · ·								
4		ites new codes or changes for the most vision date.								
5		ed for rentals as indicated on the fee scho	dula							
6		rance of a code on this fee schedule does		coverage						
7		ity limit is exceeded, a CMN & PA are re		coverage.						
		t regulation, any item \$500 or over requi	_							
Ť			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										CONTRACTOR
		Enteral formula, blenderized Natural								CMN length chg.
277	B4149	foods, thru enteral feeding tube 100	Y/12 months	YES		NO				Eff. 12/1/08; rate set 6/1/09
311	D4149	cal.=1 unit	1/12 monus	IES		NO			\$1.32	Set 6/1/09
		enteral formula, nutritionally complete								
		with intact nutrients, incl. proteins, fats,								
		carbohydrates, vitamins & minerals, may								
		incl. fiber, adm through an enteral								
378	B4150	feeding tube, 100 calories=1 unit	Y/12 months	YES		NO			\$0.65	rate eff. 6/1/09
		Enteral formula, nutritionally complete,								
		calorically dense,(equal to or > than 1.5								
		kcal/ml) with intact nutrients								
		incl.proteins, fats, carbohydrates,								
		vitamins & minerals, may incl. fiber,								
		adm through an enteral feeding tube, 100								
379	B4152	cal.=1 unit	Y/12 months	YES		NO			\$0.54	rate eff. 6/1/09

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		ъ	
١,	HCDCG	D 1.4	purchase or	CMN	T,	D 4 1	CMN	D (ID:	Purchase	1, 1, 1
9	HCPCS	Description	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated
		Enteral formula, nutritionally complete,								
		hydrolyzed proteins (amino acids &								
		peptide chain), incl. fats, carbohydrates,								
		vitamins & minerals, may incl. fiber, adm								
		through an enteral feeding tube, 100								
380	B4153	cal.=1 unit	Y/12 months	YES		NO			\$1.85	rate eff. 6/1/09
		enteral formula, nutritionally complete,								
		for special metabolic needs, excl.								
		inherited disease of metabolism, incl.								
		altered composition of proteins, fats,								
		carbohydrates, vitamins and/or minerals,								
		may incl fiber, adm through an enteral							.	00 14 10 -
381	B4154	feeding tube, 100 cal.= 1 unit	Y/12 months	YES		NO			\$1.18	rate eff. 6/1/09

	А	В	С	D	Е	F	G	Н	l	J
1		D PROGRAM DME FEE SCHEDULE			_				•	
2	WILDICAN	TROGRAM DIVID TEE SCHEDULE								
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indicat	es new codes or changes for the most								
4	current rev	ision date.								
5	PA require	d for rentals as indicated on the fee sche	edule.							
6	The appear	ance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi							·	
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		enteral formula, nutritionally								
		incomplete/modular nutrients, incl.								
		specific nutrients, carbohydrates, (e.g.								
		glucose polymers), proteins/amino acid								
		(e.g. glutamine, arginine), fat (e.g.								
		medium chain triglycerides) or								
		combination, adm thorugh an enteral								
382	B4155	feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			\$0.92	rate eff. 6/1/09
		16 1								
		enteral formula, nutritionally complete,								
		for special metabolic needs, for inherited								
		disease of metabolism, incl. proteins,								
		fats, carbohydrates, vitamins and								
		minerals, may incl fiber, adm through an								
383	B4157	enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE			L					
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	•	rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
		- · ·	purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Enteral formula, for peds, nutritionally								
		complete with intact nutrients, incl.								
		protein, fats, carbohydrates, vitamins and								
		minerals, may incl. fiber and/or iron,								
204	B4158	adm through an enteral feeding tube, 100	Y/12 months	YES		NO			М	
304	D4138	cal = 1 unit	1/12 monus	IES		NO			M	
		Enteral formula, for peds, nutritionally								
		complete soy based with intact nutrients,								
		incl. proteins, fats, carbohydrates,								
		vitamins & minerals, may incl. fiber								
		and/or iron, adm through enteral								
385	B4159	feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
		Enteral formula, for peds, nutritionally								
		complete, calorically dense(equal to or								
		> than 0.7 kcal/ml) with intact nutrients,								
		incl. proteins, fats, carbohydrates,								
		vitamins & minerals, may incl. fiber, adm								
		through an enteral feeding tube, 100 cal								
386	B4160	= 1 unit	Y/12 months	YES		NO			M	

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDCC	Democratical	purchase or	CMN	T !!4	D4 - I	CMN	D 4 - 1 D2	Purchase	1-41-4-1
9	HCPCS	Description Enteral formula, for peds,	rental	required	Limits	Kental	required	Rental Price	Price	date updated
		hydrolyzed/amino acids and peptide								
		chain proteins, incl. fats, carbohydrates,								
		vitamins & minerals, may incl. fiber,								
		adm through an enteral feeding tube, 100								
387	B4161	cal = 1 unit	Y/12 months	YES		NO			M	
	2.101		1,12 monds	125		1,0				
		enteral formula, for peds, special								
		metabolic needs for inherited disease of								
		metabolism, incl proteins, fats,								
		carbohydrates, vitamins & minerals, may								
		incl. fiber, adm through an enteral								
388	B4162	feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	rate corrected
		parenteral nutrition solution, per 10 gms								7/6/09-Manual
380	B4185	lipids	Y/12 months	YES		NO			on 02	pricing is not
303	D-7103		1/12 monds	ILD		110			Ψ2.03	prienig is not
		parenteral nutrition solution,								
		compounded amino acid and								
		carbohydrates with electrolytes, trace								
		elements, and vitamins, any strength, 10-								
390	B4189	51 gms of protein, premix	Y/12 months	YES		NO			\$193.80	rate eff. 6/1/09

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Eag Sahadi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/2/10. mar: 12/1	10. mor: 1/1/1	11					
<u> </u>		· · · · · · · · · · · · · · · · · · ·	1/3/10; rev 12/	lu; rev 1/1/1	1.1					
		tes new codes or changes for the most								
		vision date.								
		ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requi	ires a PA. CMN							
				Purchase			Rental			
			expiration date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Pantal		Rental Price	Price	date updated
ب	1101 05	•	Tentai	required	Lillius	Kentai	required	Remailine	THE	uaic upuaicu
		parenteral nutrition solution,								
		compounded amino acid and								
		carbohydrates with electrolytes, trace								
204	D 4102	elements, and vitamins, any strength, 52-	V/10	VEC		NO			¢250.44	SC 6/1/00
391	B4193	73 gms of protein, premix	Y/12 months	YES		NO			\$250.44	rate eff. 6/1/09
		parenteral nutrition solution,								
		compounded amino acid and								
		carbohydrates with electrolytes, trace								
200	D 4107	elements, and vitamins, any strength, 74-	X7/10 .1	MEG		NO			Φ 2 04.00	
392	B4197	100 gms of protein, premix	Y/12 months	YES		NO			\$304.89	rate eff. 6/1/09
		parenteral nutrition solution,								
		compounded amino acid and								
		carbohydrates with electrolytes, trace								
		elements, and vitamins, any strength,								
		lelements and vitamins any strength								

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		ъ. т	
	HCDCG	D	purchase or	CMN	T,	D 4 1	CMN	D (ID:	Purchase	1, 1, 1
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate and # of
										units change
					1 unit					04/02/2007;
			Y/12 mon. if		per					CMN length chg.
394	B4220	Parenteral supply kit 1 unit =31 kits	PA required	YES>1	month	NO			\$220.10	
										rate and # of
					1 unit					units change
		Parenteral Nutrition Supply Kit Home	Y/12 mon. if		per					04/02/2007;
395	B4222	Mix 1 unit=31 kits	PA required	YES>1	month	NO			\$243.87	CMN length chg.
										units change
					1 unit					04/02/2007;
		Parenteral administration kit 1 unit = 31			per					CMN length chg.
396	B4224	kits	Y/ 12 months	YES	month	NO			\$687.89	
										CMN length chg.
										Eff. 12/1/08; new
										rate eff. DOS
										4/1/09 former
								4440.55	** *** = :	rates RR \$135.00
397	B9002	Enteral pump with alarm	Y/ 12 months	YES		YES	YES	\$118.80	\$1,188.74	Purchase

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
								****		CMN length chg.
398	B9004	Parenteral pump portable	Y/ 12 months	YES		YES	YES	\$223.80	\$2,238.01	Eff. 12/1/08
1,000	D0006	D	37/10 1	MEG		MEG	MEG	Ф222 00	Φ2 220 01	CMN length chg.
399	B9006	Parenteral pump stationary	Y/ 12 months	YES		YES	YES	\$223.80	\$2,238.01	Eff. 12/1/08 CMN length chg.
400	B9998	Entered annuling NOC	Y/ 12 months	YES		NO			M	Eff. 12/1/08
400	D9998	Enteral supplies, NOS	1/ 12 monuis	IES		NO			IVI	CMN length chg.
101	B9999	Parenteral supplies, NOS	Y/ 12 months	YES		NO			М	Eff. 12/1/08
	E0100	Cane adjust/fixed with tip	1/ 12 months	NO		NO			\$17.14	
	E0105	Cane adjust/fixed quad/3 pro		NO		NO			\$46.00	
	E0110	Crutch forearm pair		NO		NO			\$71.57	
	E0111	Crutch forearm each		NO		NO			\$43.31	
	E0112	Crutch underarm pair wood		NO		NO			\$35.40	
	E0113	Crutch underarm each wood		NO		NO			\$17.76	
408	E0114	Crutch underarm pair no wood		NO		NO			\$42.24	
409	E0116	Crutch underarm each no wood		NO		NO			\$22.75	
		Crutch, underarm, articulating, spring								PA removed eff
410	E0117	assisted, each	Y/6 months	NO		NO			\$154.17	12-1-09.
										added 1/1/09 for
		Crutch substitute, lower leg platform								DOS 1/1/08 and
411	E0118	w/wo whells each	YES	YES		NO			M	after.

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	rision date.								
		d for rentals as indicated on the fee sch								
6		ance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	, I			D (1			
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDCG	D	purchase or	CMN	T • •	D 4 1	CMN	D 4 1D 1	Purchase	1 4 1 4 1
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated new rate eff.
										DOS 4/1/09
										former rate
112	E0130	Walker rigid adjust/fixed ht		NO		NO			\$54.03	
712	E0130	warker rigid adjust/fixed in		NO		NO			· ·	new rate eff.
										DOS 4/1/09;
										former rate
413	E0135	Walker folding adjust/fixed		NO		NO				\$68.18
		<u> </u>								rate set
										01/02/2007; PA
										& RR removed
		Walker, w/trunk support, adj. Or fixed			1 per 4					eff. With reg
414	E0140	ht., any type		NO	years	NO			\$324.64	
										new rate eff.
										DOS 4/1/09;
										former rate
415	E0141	Rigid walker wheeled wo seat		NO		NO			<u>'</u>	\$98.55
										new rate eff.
										DOS 4/1/0;
,,,	E01.10			,,,						former rate
416	E0143	Walker folding wheeled w/o s		NO		NO			\$94.37	\$99.77

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICA	ID PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	ates new codes or changes for the most								
4	current re	vision date.								
5	PA requir	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
7		ity limit is exceeded, a CMN & PA are re								
8	By curren	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
_			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change from \$304.66 /RR
						Y/				\$30.47 effective
117	E0144	Enclosed walker w rear seat	Y/ 6 months	YES		month	YES	\$28.82	\$288.20	· ·
417	E0144	Heavy duty walker, mult. Braking	1 / 6 monuis	IES		monui	163	\$20.02	\$200.20	added DOS
418	E0147	system, variable wheel resistance	Y/12 months	YES		NO			М	8/1/10 and after
410	E0147	system, variable wheer resistance	1/12 monuis	TES		NO			IVI	new rate eff.
										DOS 4/1/09;
		Walker heavy duty, without wheels, any								former rate
419	E0148	type, each		NO		NO			\$114.98	\$121.55
		J. F. S.							,	
										new rate eff.DOS
		Walker heavy duty, wheeled, any type,								4/1/09; former
420	E0149	each		NO		NO			\$202.00	rate \$213.53
421	E0153	Forearm crutch platform atta		NO		NO			\$66.38	
									·	new rate eff.
										DOS 4/1/09;
										former rate
422	E0154	Walker platform attachment, each		NO		NO			\$63.81	\$67.45

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	ision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	ance of a code on this fee schedule does	not guarantee	coverage.						
	If a quantit	y limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
423	E0155	Walker wheel attachment, per pair		NO		NO			\$28.56	new rate eff.DOS 4/1/09; former rate \$30.20
										new rate eff. DOS 4/1/09; former rate
424	E0156	Walker seat attachment		NO		NO			\$23.75	\$25.10
125	E0157	Walker crutch attachment		NO		NO			\$63.02	rate change from \$66.61 effective
423	E0137	warker crutch attachment		INO		NO			φυ3.02	rate change from
426	E0158	Walker leg extenders set of4		NO		NO			\$24.75	\$26.16 effective
125	20130	THE TOP CALCULATED BOT OF I		110		110			Ψ2 τ.73	rate change from
										\$17.10 effective
427	E0159	Brake for wheeled walker		NO		NO			\$16.17	
	E0160	Sitz type bath or equipment		NO		NO			\$26.88	
429	E0161	Sitz bath/equipment w/faucet		NO		NO			\$21.33	
430	E0162	Sitz bath chair		NO		NO			\$118.48	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Faa Schady	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: roy 12/	10. rov 1/1/1	11					
-	1		/3/10, 1ev 12/.	10, 164 1/1/1	LI					
		tes new codes or changes for the most								
4	current rev									
5		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	1	Commode chair mobile or stationary fxd								07/02/2007
431	E0163	arms		NO		NO			\$102.61	purchase only
		Commode chair stationary or mobile								07/02/2007
432	E0165	detachable arms		NO		NO			\$177.70	purchase only
		Commode chair pail or pan replacement			1 per					
433	E0167	only		NO	year	NO			\$9.76	
		Commode chair, extra wide, heavy duty,								07/02/2007
434	E0168	any type each		NO		NO			\$144.38	purchase only
		Commode chair w seat lift mech.								07/02/2007
435	E0170	Electric, any type	Y/6 months	YES		NO			M	purchase only
										07/02/2007
										purchase only.
										Rate set eff.
		Commmode chair w seat lift mech. Non-								1/15/08; PA
436	E0171	electric		NO		NO			\$231.36	removed 10/08
		Seat lift mechanism placed over top of								07/02/2007
	E0172	toilet, any type	Y/6 months	YES					M	purchase only
438	E0175	Commode chair foot rest		NO		NO			\$63.36	

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4		vision date.								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requi								
			CMN	D			D., 4.2			
			expiration date for	Purchase PA &			Rental PA&			
				CMN			CMN		Purchase	
١,	HCPCS	Description	purchase or		T imita	Dontal		Dantal Drice	Purchase Price	data undatad
9	HCPCS	Description	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated description chg.
										01/02/2007; PA
		Powered Pressure reducing mattress								& RR removed
		alternating pump, heavy duty								eff. With reg
439	E0181	overlay/pad		NO		NO			\$230.40	_
100	Loror	o verial, pad		110		110			Ψ230.10	change
										PA and RR
										removed eff.
440	E0182	Pressure pad alternating pump		NO		NO			\$212.90	With reg change
										PA removed and
										rental ended eff
441	E0184	Dry pressure mattress		NO		NO			\$158.33	12-1-09
										PA removed and
l										rental ended eff
442	E0185	Gel pressure mattress pad		NO		NO			\$260.11	12-1-09
										DA
										PA removed and
142	E0196	Air massayan mattass		NO		NO			¢165 10	rental ended eff
443	E0186	Air pressure mattress		NO		NU			\$165.10	12-1-09

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
444	E0187	Water pressure mattress		NO		NO			\$219.50	PA removed and rental ended eff 12-1-09
	E0188	Synthetic Sheepskin pad		NO		NO			\$26.43	
	E0189	Lambswool sheepskin pad		NO		NO			\$47.96	
		positioning cush/pillow/wedge any shape							·	
447	E0190	or size, incl. all components		NO		NO			\$26.47	
448	E0191	Protector heel or elbow		NO		NO			\$9.56	
140	F0102		W/C	VEG		W/	VEG	0017.62	Ф0.167.20	new rate eff. DOS 4/1/09; former rates purchase \$8,643.40, RR
	E0193	Powered air flotation bed	Y/ 6 mon ths	YES		Y/ month		\$817.63	\$8,167.30	
450	E0194	Air fluidized bed	Y/ 6 mon ths	YES		Y/ month	YES	\$2,646.38	\$26,463.80	
451	E0196	Gel pressure mattress		NO		NO			\$264.20	PA & RR removed eff. With reg change

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev									
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D			D4-1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Dental		Rental Price	Price	date updated
۳	110103	Description	Tentai	required	Lillits	Kentai	required	Rental I lice	Titte	08/01/2007
452	E0197	Air pressure pad for mattres		NO		NO			\$180.18	purchase only
										PA & RR
										removed eff.
	E0198	Water pressure pad for mattr		NO		NO				With reg change
454	E0199	Dry pressure pad for mattres		NO		NO			\$30.66	
										PA removed eff.
1,55	T0200				1 per 5				*** *********************************	With reg change;
	E0200	Heat lamp without stand	\$7/ C .1	NO	years	NO	MEG	Φ50.02	\$75.85	no RR
456	E0202	Phototherapy light w/ photom	Y/ 6 mon ths	YES		Y/day	YES	\$50.92	NA	
					_					
1					1 per 5					PA removed eff.
457	E0205	Heat lamp with stand	Y/12 months	NO	years	NO			\$157.81	8/1/10; no RR
			if PA		1					
150	E0210	Electric heat ned standard	required	YES>1	1 per	NO			\$26.5A	
458	E0210	Electric heat pad standard	Y/12 months	1E5>1	year	NU			\$26.54	
			if PA		1 per					
459	E0215	Electric heat pad moist		YES>1	-	NO			\$57.60	
459	E0215	Electric heat pad moist	required	YES>1	year	NO			\$57.60	

	Α	В	С	D	E	F	G	Н	Ī	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev									
	•	ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	n 1			D 4 1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
F	inci es	Description	Tentai	requireu	Lillits	Y/	requireu	Kentai i i ce	11100	uate upuateu
460	E0217	Water circ heat pad w pump	Y/ 6 months	YES		month	YES	\$47.50	\$474.97	
		1 1 1								CMS end dated
461	E0220	Hot water bottle		NO		NO			\$6.89	12/31/10
										removal of PA &
					1 per 4					PA for RR eff.
462	E0225	Hydrocollator unit		NO	year	Y/month	NO	\$37.18	\$371.81	
										CMS end dated
463	E0230	Ice cap or collar		NO		NO Y/			\$6.89	12/31/10
164	E0225	Danaffin hada anit nantahla	V/C	YES		·	YES	\$16.51	¢1.65.10	
404	E0235	Paraffin bath unit portable	Y/ 6 months	YES		month Y/	TES	\$16.51	\$165.10	
465	E0236	Pump for water circulating p	Y/ 6 months	YES		month	YES	\$35.99	\$359.90	
	20230	amp for water enculating p	1/ O monuis	120	1 per	monu	110	Ψυυίν	ψ337.70	CMS end dated
466	E0238	Heat pad non-electric moist	Y/ if PA requi	YES>1	year	NO			\$25.87	12-31-10
			1		J				,	removal of PA &
					1 per 4					PA for RR eff.
467	E0239	Hydrocollator unit portable	Y/ 6 months	NO	year	Y/month	NO	\$38.07	\$380.71	8/1/10
468	E0247	transfer bench	Y/6 months	YES		NO			M	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										added 8/18/08 for
		transfer bench, heavy dty, for tub/toilet								DOS 4/28/08 and
	E0248	w/wo commmode opening, each	Y/6 months	YES		NO				after
470	E0249	Pad water circulating heat u		NO		NO			\$81.00	new rate eff.
										DOS 4/1/09;
										former rate
										purchase
						Y/				\$795.00, RR
171	E0250	Hosp bed fixed ht w/ mattres	Y/ 6 months	YES		month	YES	\$75.20	\$752.00	
4/1	E0230	Trosp bed fixed fit w/ filatties	1 / O IIIOIIIIIS	1 ES		HIOHHI	IES	\$13.20	\$132.00	φ17.30
										new rate eff.
										DOS 4/1/09;
										former rate
						Y/				purchase \$602.40
472	E0251	Hosp bed fixd ht w/o mattres	Y/ 12 months	YES		month	YES	\$56.98	\$569.80	RR \$60.24

	Α	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										new rate eff.
										DOS 4/1/09;
										former rates
470	70277		*****	******		T. 7	*****	****	4010 50	purchase \$962.80
4/3	E0255	Hospital bed var ht w/ mattr	Y/ 12 months	YES		Y/ month	YES	\$91.07	\$910.70	RR \$96.28 new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$677.80, RR
171	E0256	Hospital bed var ht w/o matt	Y/ 12 months	YES		Y/ month	YES	\$64.12	\$641.02	
+/+	E0230	Trospital ocu vai iit w/o matt	1/ 12 monus	ILO		1 / IIIOIIIII	1123	φυ4.12	φυ41.02	new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$1392.40, RR
475	E0260	Hosp bed semi-electr w/ matt	Y/ 12 months	YES		Y/ month	YES	\$127.12	\$1,271.20	

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
	current rev									
		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$1113.60, RR
476	E0261	Hosp bed semi-electr w/o mat	Y/ 12 months	YES		Y/ month	YES	\$105.34	\$1,053.40	
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
1.										\$1699.20, RR
477	E0265	Hosp bed total electr w/ mat	Y/ 12 months	YES		Y/ month	YES	\$160.74	\$1,607.40	
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$1620.40 RR
478	E0266	Hosp bed total elec w/o matt	Y/ 12 months	YES		Y/ month	YES	\$153.29	\$1,532.90	\$162.04

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indicat	es new codes or changes for the most								
4	current rev	ision date.								
		d for rentals as indicated on the fee sch								
6	• •	ance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	n .			D (1			
			expiration	Purchase			Rental			
			date for	PA &			PA&		ъ .	
	HCDCG	D	purchase or	CMN	T · · ·	D 4 1	CMN	D (ID:	Purchase	
9	HCPCS	Description	rental	required	Limits	Kental	required	Rental Price		date updated new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$195.15, RR
										\$19.51; PA &
										rental ended eff
170	E0271	Mattuaga innangnuina		NO		NO			\$184.61	
4/9	EU2/1	Mattress innerspring		NO		NO			\$184.01	12-1-09
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase \$193.61
										RR \$19.36; PA
										& rental ended
480	E0272	Mattress foam rubber		NO		NO			\$183.14	
	20272	2.244200 20411 140001	Y/ 12 months	1,0		110			Ψ103.11	12 1 07
			if PA		1 per					
481	E0275	Bed pan standard	required	YES>1	year	NO			\$14.64	

1 MEDICAID PROGRAM DME FEE SCHEDULE 2 3 Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11 Red indicates new codes or changes for the most 4 current revision date. 5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required.		
3 Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11 Red indicates new codes or changes for the most 4 current revision date. 5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage.		
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6 The appearance of a code on this fee schedule does not guarantee coverage.		
11		
7 If a quantity limit is exceeded, a CMN & PA are required.	i	
8 By current regulation, any item \$500 or over requires a PA.		
CMN		
expiration Purchase Rental		
date for PA & PA&		
 	Purchase	
	Price	date updated
Y/ 12 months		
if PA 1 per		
482 E0276 Bed pan fracture required YES>1 year NO	\$12.73	
		new rate eff.
		DOS 4/1/09;
		former rates
		purchase
1 per 5		\$7118.50, RR
483 E0277 Powered pres-redu air mattrs Y/12 months YES years Y/ month YES \$636.62	\$6,366.20	
		rate change from \$31.06 effective
484 E0280 Bed cradle NO NO		
484 E0280 Bed cradle NO NO	\$29.38	3/1/10
		new rate eff.DOS
		4/1/09; former
		rates purchase
		\$607.80, RR
485 E0290 Hosp bed fx ht w/o rails w/m Y/ 12 months YES Y/ month YES \$57.49	\$574.90	

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	rision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
1 -			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										DA
										PA removed for
400	E0201	III 1 C 14 / 1 / .		NO		X7 /	NO	0.41.77	¢417.70	purchase and RR
480	E0291	Hosp bed fx ht w/o rail w/o		NO		Y/ month	NO	\$41.77		eff.8/1/10 new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$683.40, RR
487	E0292	Hosp bed var ht w/o rail w/o	Y/ 12 months	YES		Y/ month	YES	\$64.65	\$646.50	
	20272	riosp oca var ni morani mo	1, 12 months	1100		1/ month	110	ψ01.03		new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$581.50, RR
488	E0293	Hosp bed var ht w/o rail w/	Y/ 12 months	YES		Y/ month	YES	\$55.01	\$550.10	

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	e coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	1									new rate eff.
										DOS 4/1/09;
										former rates
										purchase
										\$1062.40, RR
489	E0294	Hosp bed semi-elect w/ mattr	Y/ 12 months	YES		Y/ month	YES	\$100.50	\$1,005.00	
										new rate eff.
										DOS 4/1/09;
										former rates
										purchase
								.		\$1035.60, RR
490	E0295	Hosp bed semi-elect w/o matt	Y/ 12 months	YES		Y/ month	YES	\$97.96	\$979.60	\$103.56
										C D O C
										new rate eff.DOS
										4/1/09; former
										ratespurchase
										\$1335.30, RR
491	E0296	Hosp bed total elect w/ matt	Y/ 12 months	YES		Y/ month	YES	\$126.31	\$1,263.10	\$133.53

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
		tes new codes or changes for the most								
4	current rev									
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7	_	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ	ires a PA. CMN							
			expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
										new rate eff.DOS 4/1/09; former rates purchase \$1185.60, RR
492	E0297	Hosp bed total elect w/o mat	Y/ 12 months	YES		Y/ month	YES	\$112.16	\$1,121.60	\$118.56
493	E0303	Hosp. Bed,hvy duty, x-wide,>350 lbs<=600 lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	YES	\$243.18	\$2,908.14	
		Hosp. Bed Xhvy duty, x wide,>600								
494	E0304	lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	YES	\$616.54	\$6,165.40	
										new rate eff.DOS 4/1/09; former rates purchase \$170.20, RR \$17.02; PA for purchase & rental removed eff.
495	E0305	Rails bed side half length		NO		Y/month	NO	\$16.10	\$161.10	8/1/10

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	rision date.								
5	PA require	d for rentals as indicated on the fee scho	edule.							
6		cance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re	_							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										new rate eff.DOS 4/1/09; former rates purchase \$159.17, RR
										\$15.91; PA for purchase & rental
										removed eff.
496	E0310	Rails bed side full length		NO		Y/month	NO	\$15.06	\$150.56	
	E0315	Bed accessory brd/tbl/support		NO		NO	110	Ψ15.00	\$9.54	
· · ·		Safety enclosure frame/canopy for use		1,0		110			Ψ,.51	
498	E0316	with hospital bed, any type	Y/12 months	YES		Y/ month	YES	M	M	
		, , ,	Y/ 12 months							
			if PA		1 per					
499	E0325	Urinal male jug-type	required	YES > 1	year	NO			\$9.67	
		, , , , , , , , , , , , , , , , , , ,	Y/12 months		•					
			if PA		1 per					
500	E0326	Urinal female jug-type	required	YES>1	year	NO			\$10.05	

rates purchase \$5159.80, RR		А	В	С	D	Е	F	G	Н	I	J
3 Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11 Red indicates new codes or changes for the most current revision date. 5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or purchase or purchase or rental PA & CMN required Limits Rental PA & CMN required Rental Price Price date updated rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR 501 E0371 Nonpower mattress overlay Y/ 12 months YES Y/ month YES \$402.25 \$4,022.50 \$425.22 rate change eff.4/1/09; former rates purchase \$5159.80, RR	1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
Red indicates new codes or changes for the most current revision date. 5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or rental Purchase PA & CMN required CMN required Limits Rental PA& CMN Rental Price Purchase Price date updated rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR \$4,252.20 RR \$4,252.20 RR \$5159.80, RR	2										
4 current revision date. 5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or rental PA & CMN required Limits Rental PA & CMN required Rental Price Purchase Price date updated rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR \$4,022.50 \$425.22 rate change eff.4/1/09; former rates purchase \$5,159.80, RR	3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN		Red indicat	tes new codes or changes for the most								
6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or rental 9 HCPCS Description Purchase PA & CMN required Limits Rental PA & CMN required Limits Rental PA & CMN required Rental Price Price date updated rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR 501 E0371 Nonpower mattress overlay Y/ 12 months YES Y/ month YES \$402.25 \$4,022.50 \$4,022.50 \$425.22 rate change eff.4/1/09; former rates purchase \$5159.80, RR	4	current rev	ision date.								
7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN expiration date for purchase or rental PA & CMN required HCPCS Description Description Limits Rental PA & CMN required Rental Price Rental Price Purchase Price date updated rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR \$4,252.20 RR \$501 E0371 Nonpower mattress overlay Y/ 12 months YES Y/ month YES \$402.25 \$4,022.50 \$4,022.50 \$41,09; former rates purchase \$4,252.20 RR \$5159.80, RR	5	PA require	d for rentals as indicated on the fee sche	edule.							
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Former rates Form	9	HCPCS	Description	rental	required	Lillius	Kentai	requireu	Kentai i iice	Price	
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501 E0371 Nonpower mattress overlay Y/ 12 months YES Y/ month YES \$402.25 \$4,022.50 \$425.22 rate change eff.4/1/09; former rates purchase \$5159.80, RR	9	HCPCS	Description	rental	required	Limits	Kentai	required	Kentai i i ice	Price	rate change eff. DOS 4/1/09; former rates
eff.4/1/09; former rates purchase \$5159.80, RR	9	HCPCS	Description	rental	required	Limits	Kentai	required	Kentai i i ice	Price	rate change eff. DOS 4/1/09; former rates purchase
eff.4/1/09; former rates purchase \$5159.80, RR					-						rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR
rates purchase \$5159.80, RR					-						rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR \$425.22
\$5159.80, RR					-						rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR \$425.22 rate change
					-						rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR \$425.22 rate change eff.4/1/09; former
502 E0372 Powered air mattress overlay Y/12 months YES Y/month YES \$488.10 \$4,881.00 \$515.98					-						rate change eff. DOS 4/1/09; former rates purchase \$4,252.20 RR \$425.22 rate change eff.4/1/09; former rates purchase

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev									
5	_	d for rentals as indicated on the fee sch								
6	•	rance of a code on this fee schedule does		coverage.						
7	•	y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
										rate change eff. DOS 4/1/09; former rates purchase \$5,878.50, RR \$587.85; rate adjusted eff. 3/1/10 former rate \$556.10RR/\$5,56
503	E0373	Nonpowered pressure mattress	Y/ 12 months	YES		Y/ month	YES	\$472.69	\$4,726.90	1.00 purchase
504	E0424	Stationary compressed gas 02	Y/ 12 months	YES		Y/ month	YES	\$173.17	NA	Rate change 1/1/09; rate change 3/1/10
505	E0431	Portable gaseous 02	Y/ 12 months	YES		Y/ month	YES	\$28.77	NA	Rate change 1/1/09
506	E0434	Portable liquid 02	Y/ 12 months	YES		Y/ month	YES	\$28.77	NA	Rate change 1/1/09

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	.1					
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8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
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			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										1/1/09; rate
										change 3/1/10
507	E0439	Stationary liquid 02	Y/ 12 months	YES		Y/ month	YES	\$173.17	NA	from \$175.79
		Oximeter device for measuring blood								
	E0445	oxygen levels	Y/12months	YES		Y/month	YES	M	M	
	E0450	Volume vent stationary/porta	Y/ 12 months	YES		Y/ month	YES	\$913.17	NA	
	E0455	Oxygen tent excl croup tent or ped	Y/ 12 months	YES		Y/ month	YES	\$170.00	\$1,700.00	
	E0457	Chest shell	Y/ 12 months	YES		Y/ month		\$58.79	\$587.89	
	E0459	Chest wrap	Y/ 12 months	YES		Y/ month	YES	\$41.39	\$413.90	
	E0460	Neg press vent portabl/statn	Y/ 12 months	YES		Y/ month	YES	\$701.80	NA	
514	E0462	Rocking bed w/ or w/o side r	Y/ 12 months	YES		Y/ month	YES	\$278.78	\$2,787.80	
		Draggura gupport vantilator w/val								roto sot
515	E0463	Pressure support ventilator, w/volume control, used with tracheostomy	Y/12 months	YES		Y/month	YES	\$1,265.74	NT A	rate set 08/01/2007
313	E0403	Pressure support ventilator, w/volume	1/12 IIIOIIIIIS	IES		1/IIIOIIIII	IES	\$1,203.74	INA	
516	E0464	control, used with mask	Y/12 months	YES		Y/month	YES	\$1,265.74	NT A	rate set 08/01/2007
310	E0404	Respiratory assist dev. Bi-level pressure	1/12 monus	IES		1/IIIOIIUI	I ES	\$1,203.74	INA	00/01/2007
517	E0470	w/o backup rate,	Y/12 months	YES		Y/month	YES	\$205.28	\$2,052.80	
1317	LU4/U	Respiratory assist dev. Bi-level pressure	1/12 monus	TES		1/111011111	TEO	φ203.26	Ψ2,032.00	
518	E0471	w/ backup rate,	Y/12 months	YES		Y/month	YES	\$513.74	NO	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
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4	current rev	rision date.								
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6		cance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
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9	HCPCS	Degamintion	purchase or rental	CMN	T imita	Dontal	CMN	Dantal Drias	Purchase Price	doto undotod
 	ncres	Description	remai	required	Limits	Rental	required	Rental Price	Price	date updated
		Respiratory assist dev. Bi-level pressure								
519	E0472	w/backup rate, invasive interface	Y/12 months	YES		Y/month	YES	\$513.74	NA	
										PA removed for
					1 per 5					purchase and RR
520	E0480	Percussor elect/pneum home m		NO	years	Y/ month	NO	\$42.04	\$420.40	eff. 8/1/10
521	E0482	Cough Stimulating device, alternating positive and negative airway pressure	V/12	YES		Y/month	YES	\$297.02	¢2 970 20	rate set 08/01/2007
521	E0482	positive and negative airway pressure	Y/12 months	TES		Y/monun	TES	\$387.02	\$3,870.20	purchase rate set
		High frequency chest wall oscillation air-								1/09; RR rate
		pulse generator system, including hoses								adjustment eff 8-
522	E0483	and vest	Y/12 months	YES		Y/month	YES	\$1,435.23	\$14,352.30	•
<u> </u>				120			120	\$1,.00.25	\$1.,cc 2. 50	
523	E0484	Oscillatory PEP device non-electric		NO		NO			\$29.54	
		Oral device/appliance used to reduce							,	code added
524	E0485	upper airway collapsability, pre fab	Y/12 months	YES		NO			M	01/02/2007
		Oral device/appliance used to reduce								code added
525	E0486	upper airway collapsability, custom	Y/12 months	YES		NO			M	01/02/2007
										rate set eff.
526	E0500	IPPB Machine, all types, with built-in	Y/12 months	YES		Y/month	YES	\$8.51	NA	1/15/08

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current rev	rision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
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9	ITCDCC		4 1		T * *4			D ID'		
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	PA for purchase
3	HCPCS	•	rental	required	Limits	Rental	required	Rental Price	Price	PA for purchase & RR PA
		Humidifier, non-heated for use with	rental		Limits		•			PA for purchase & RR PA removed eff.
	E0561	•	rentai	NO	Limits	Y/month	NO	\$8.55		PA for purchase & RR PA removed eff. 8/1/10
		Humidifier, non-heated for use with	rentai		Limits		•			PA for purchase & RR PA removed eff. 8/1/10 PA for purchase
		Humidifier, non-heated for use with positive pressure airway device	rental		Limits		•			PA for purchase & RR PA removed eff. 8/1/10 PA for purchase & RR PA
527	E0561	Humidifier, non-heated for use with positive pressure airway device Humidifier, heated used with positive	rentai	NO	Limits	Y/month	NO	\$8.55	\$85.60	PA for purchase & RR PA removed eff. 8/1/10 PA for purchase & RR PA removed eff.
527 528	E0561 E0562	Humidifier, non-heated for use with positive pressure airway device Humidifier, heated used with positive airway pressure device		NO NO	Limits	Y/month Y/month	NO NO	\$8.55 \$28.82	\$85.60 \$240.98	PA for purchase & RR PA removed eff. 8/1/10 PA for purchase & RR PA removed eff. 8/1/10
527 528	E0561	Humidifier, non-heated for use with positive pressure airway device Humidifier, heated used with positive	Y/ 12 months	NO		Y/month	NO NO	\$8.55	\$85.60	PA for purchase & RR PA removed eff. 8/1/10 PA for purchase & RR PA removed eff. 8/1/10
527 528	E0561 E0562	Humidifier, non-heated for use with positive pressure airway device Humidifier, heated used with positive airway pressure device		NO NO YES	1 per 4	Y/month Y/month	NO NO	\$8.55 \$28.82	\$85.60 \$240.98	PA for purchase & RR PA removed eff. 8/1/10 PA for purchase & RR PA removed eff. 8/1/10 08/01/2007 PA &
527 528	E0561 E0562	Humidifier, non-heated for use with positive pressure airway device Humidifier, heated used with positive airway pressure device	Y/ 12 months	NO NO YES PA	1 per 4 years	Y/month Y/month	NO NO	\$8.55 \$28.82	\$85.60 \$240.98	PA for purchase & RR PA removed eff. 8/1/10 PA for purchase & RR PA removed eff. 8/1/10 08/01/2007 PA & RR removed
527 528	E0561 E0562	Humidifier, non-heated for use with positive pressure airway device Humidifier, heated used with positive airway pressure device	Y/12 months Y/12 months	NO NO YES PA required if	1 per 4 years unless	Y/month Y/month	NO NO	\$8.55 \$28.82	\$85.60 \$240.98	PA for purchase & RR PA removed eff. 8/1/10 PA for purchase & RR PA removed eff. 8/1/10 08/01/2007 PA & RR removed \$180.00 former
527 528 529	E0561 E0562	Humidifier, non-heated for use with positive pressure airway device Humidifier, heated used with positive airway pressure device	Y/ 12 months	NO NO YES PA	1 per 4 years unless PA	Y/month Y/month Y/ month	NO NO	\$8.55 \$28.82	\$85.60 \$240.98	PA for purchase & RR PA removed eff. 8/1/10 PA for purchase & RR PA removed eff. 8/1/10 08/01/2007 PA & RR removed \$180.00 former rate change eff.

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	0; rev 1/1/1	11					
	Red indicat	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		cance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D 1			D 4 1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price		date updated
Ť		Description	Tentar	required	Limits	Rentar	required	Iteliuli i ilee	11100	dute apaated
										09/01/2007 PA &
										RR removed;
										CMS will
										enddate the code
										2/4/11; Suppliers
										should use E0570
					1 per 4					in place of this
			*****	PA	years					code.
			Y/ 12 months if PA	required if						Reimbursement
E24	E0571	Aerosol compressor, battery powered, use with sm nebulizer		limit	PA	NO			\$239.80	will be at E0570
231	EU3/1	use with sm nebunzer	required	exceeded	obtained	NU			\$239.80	rate.
										PA for purchase
		Aerosol compressor, adj pressure, light			1 per 4					and RR removed
532	E0572	duty, intermittent use		NO	years	NO				eff. 8/1/10
					•				*	
										PA for purchase
		Ultrasonic generator with sm vol			1 per 4					and RR removed
533	E0574	ultrasonic nebulizer		NO	years	NO			\$322.10	eff. 8/1/10

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11					
	Red indica	ites new codes or changes for the most								
4	current re	vision date.								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By curren	t regulation, any item \$500 or over requ								
			CMN expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
Ť		Description	Terrur	required	1 per 4	Terren	required	Terror Tree	11100	unte apaatea
534	E0575	Nebulizer ultrasonic	Y/12 months	YES	years	Y/ month	YES	\$98.32	\$983.20	
535	E0580	Nebulizer for use w/ regulat		NO	1 per 4 years	NO			\$121.31	rate change eff.DOS 4/1/09; former rate purchase \$128.23
536	E0585	Nebulizer w/ compressor & heater		NO	1 per 4 years	NO			\$335.50	PA for purchase and RR removed eff. 8/1/10
537	E0600	Respiratory Suction pump portab home model		NO	1 per 4 years	NO			\$372.30	PA for purchase and RR removed eff. 8/1/10 rate change eff.
538	E0601	Cont airway pressure device	Y/ 12 months	YES		Y/ month	YES	\$100.82	\$1,008.20	DOS 4/1/09; former rates purchase \$1,065.80, RR

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev									
5		d for rentals as indicated on the fee sch								
6		cance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Breast pump, heavy duty, hospital grade,								CMS description
	E0604	electric, AC and/ or DC, any type	Y/12 months	YES		Y/month	YES	\$82.50		chg. 1/08
540	E0606	Drainage board postural		NO		NO			\$213.60	
					1 per 4					Coverage will be through pharmacy
	E0607	Blood glucose monitor home	Y/ 12 months	Yes > 1	years	NO			\$63.92	10/5/10 and after
542	E0617	AED	Y/12months	YES		Y/month	YES	\$310.44	\$3,725.28	
	E0618	Apnea monitor without recording feature		YES		Y/ month		\$227.30	NA	
544	E0619	Apnea monitor with recording feature	Y/12 months	YES		Y/month	YES	\$227.30	NA	
545	E0621	Patient lift sling or seat		NO		NO			\$78.06	
546	E0625	Patient lift bathroom, shower, or toilet	Y/ 12 months	YES		Y/ month	YES	M	M	
547	E0627	Seat lift incorp lift-chair		NO		NO			\$322.72	PA for purchase removed and RR ended eff.8/1/10

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2										
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		tes new codes or changes for the most								
4	current rev									
5		ed for rentals as indicated on the fee sch								
6	•	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
548	E0628	Seat lift for pt furn-electr		NO		NO			\$322.72	PA for purchase removed and RR ended eff.8/1/10
549	E0629	Seat lift for pt furn-non-el		NO		NO			\$316.39	PA for purchase removed and RR ended eff.8/1/10
		Patient hydraulic or mechanical lift incl								CMS description
550	E0630	any seat, sling, strap (s), or pads (s)	Y/ 12 months	YES		Y/ month	YES	\$88.22	\$882.20	chg. 1/08
	E0635	Patient electric lift, with seat or sling	Y/ 12 months	YES		Y/ month		\$117.06	\$1,170.60	_
	23000	Combination sit to stand system, with	1, 12 months	1100		27 month	120	Ψ117.30	Ψ1,170.00	
552	E0637	seat lift, w/wo wheels	Y/12 months	YES		Y/month	YES	M	M	
		Standing frame, one position, incl.								
553	E0638	pediatric and w/wo wheels	Y/12 months	YES		NO			\$853.57	
		Patient lift, moveable, includes all								
554	E0639	components/accessories	Y/12 months	YES		Y/month	YES	M	M	
555	E0641	Standing frame system, multi position, incl. pediatric	Y/12 months	YES		NO			М	

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2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	e e e e e e e e e e e e e e e e e e e								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Standing frame system, mobile, incl.								
556	E0642	pediatric dynamic stander	Y/12 months	YES		NO			M	
557	E0650	Pneuma compresor non-segment	Y/ 12 months	YES		Y/ month	YES	\$61.96	\$619.60	
558	E0651	Pneum compressor segmental	Y/ 12 months	YES		Y/ month	YES	\$87.87	\$878.65	
								,		
559	E0652	Pneum compres w/cal pressure	Y/ 12 months	YES		Y/ month	YES	\$457.68	\$4,576.80	
										PA for purchase and RR endated removed eff.
560	E0655	Pneumatic appliance half arm		NO		NO			\$93.23	
		segmental, pneumatic appliance for use								CMS addition
561	E0656	with compressor, trunk	Y/ 12 months	YES		Y/ month	YES	M	M	1/1/09
		segmental pneumatic appliance for use								CMS addition
562	E0657	with compressor, chest	Y/ 12 months	YES		Y/ month	YES	M	M	1/1/09

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
		•		•			-			•
										PA for purchase and RR endated removed eff.
563	E0660	Pneumatic appliance full leg		NO		NO			\$152.83	8/1/10
										PA for purchase and RR endated removed eff.
564	E0665	Pneumatic appliance full arm		NO		NO			\$131.06	
565	E0666	Pneumatic appliance half leg		NO		NO			\$132.11	
566	E0667	Seg pneumatic appl full leg		NO		NO			\$309.75	
567	E0668	Seg pneumatic appl full arm		NO		NO			\$422.74	PA for purchase and RR endated removed eff. 8/1/10

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev									
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				D 4 1			
			expiration date for	Purchase PA &			Rental PA&			
				CMN			CMN		Purchase	
	HCPCS	Description	purchase or		T imita	Dontal		Dantal Dries	Purcnase Price	doto undotod
9	HCPCS	Description	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated PA for purchase
										and RR endated
										removed eff.
568	E0669	Seg pneumatic appli half leg		NO		NO				8/1/10
000	E000)	seg pheamatic appir nan reg		110		110				PA for purchase
										and RR endated
										removed eff.
569	E0671	Pressure pneum appl full leg		NO		NO			\$397.36	8/1/10
										PA for purchase
										and RR endated
										removed eff.
570	E0672	Pressure pneum appl full arm		NO		NO			\$308.75	
										PA for purchase
										and RR endated
										removed eff.
571	E0673	Pressure pneum appl half leg		NO		NO			\$256.56	
		December 1								\$257.59 former
F70	E0675	Pneumatic compression device, high	37/10	MEG		X7/	MEG	¢207.64		rate change eff.
5/2	E0675	press.for arterial insufficiency	Y/12 months	YES		Y/month	YES	\$307.64	NA	1/15/08 code added
572	E0676	Intmt. Limb compression device, includes all accessories, NOC	YES	YES		V/mantl-	YES	М	N #	
5/3	E0676	includes all accessories, NOC	1 E S	1 E2		Y/month	IES	M	M	01/02/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	rision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	cance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										CMS description
 E74	E0705	tf		NO		NO			\$52.73	chg. 1/08
	E0705 E0720	transfer device, any type each Tens two lead	Y/ 12 months	NO YES		Y/ month	YES	\$30.81	\$308.11	removed board
	E0720 E0730	Tens four or more lead	Y/ 12 months	YES		Y/month	YES	\$30.81	\$308.11	
	E0730 E0731	Conductive garment for tens	Y/ 12 months	YES		NA	IES	\$32.14	\$321.42	
	E0731 E0744	Neuromuscular stim for scoli	Y/ 12 months	YES		Y/ month	YES	\$87.60	\$876.00	
	E0745	Neuromuscular stim for shock	Y/ 12 months	YES		Y/ month	YES	\$85.64	\$856.40	
313	E0743	rectromuseurar striit for shock	1/ 12 monuis	1123	1 per 5	1 / IIIOIIIII	1123	\$65.04	φ650.40	
580	E0747	Elec osteogen stim not spine	Y/ 12 months	YES	years	NA			\$2,850.30	
	20717	Ener obteogen still not spine	1/ 12 mondis	110	1 per 5	1 11 1			Ψ2,030.30	
581	E0748	Elec osteogen stim spinal	Y/ 12 months	YES	years	NA			\$3,352.50	
<u> </u>		Osteogenesis stimulator, noninvasive,		120	1 per 5	- 12.1	1		<i>\$2,222.30</i>	
582	E0760	ultrasound	Y/ 12 months	YES	years	NA			\$2,778.50	
		-			<i>y</i>				, ,, ,, ,,	code added
		transcutaneous elect. Joint stim. Device,								04/02/2007; rate
583	E0762	incl. all accessories	Y/12 months	YES		NA			\$857.90	set 1/15/08
		functional neuromusc. Stim.								
		Transcutaneous spinal cord injury entire								code added
584	E0764	system	Y/12 months	YES		NA			\$8,141.75	04/02/2007

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev									
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
				1						,
		electrical stimulation or electromagnetic								
585	E0769	wound RX device NOC	Y/6 months	YES		Y/month	YES	M	NA	
		functional electrical stimulator,								
		transcutaneous, any type, compete								CMS addition
586	E0770	system, NOC	Y/12 months	YES		Y/month	YES	M	M	1/1/09
										PA for purchase and RR endated
					1 per 5					removed eff.
587	E0776	IV pole	Y/12 months	NO	years	Y/month	NO	\$11.64	\$116.42	
007	LOTTO	Ambulatory Infusion pump, reuseable <	1/12 months	110	years	1/monu	110	Ψ11.04	ψ110. 1 2	0/1/10
588	E0780	8 hours		NO		NA			\$9.92	
					1 per 5				<u> </u>	
589	E0781	External ambulatory infus pu	Y/ 12 months	YES	years	Y/ month	YES	\$253.40	\$2,534.00	
					1 per 5					
590	E0782	Non-programmable infusion pump	Y/ 12 months	YES	years	Y/ month	YES	\$369.97	\$3,699.70	
										covered only in a
		Infustion pump system, implantable,								hospital that does
591	E0783	programable, all com	Y/12 months	YES		NA			\$7 337 00	not bill Medicaid
001	E0703	programatic, an com	1/12 months	ILD		11/1	l		Ψ1,551.00	not bill Medicald

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate set
										08/01/2007; rate
										change 4-1-09
					1 5					from\$375.81 RR
	E0704		X7/ 10 4	MEG	1 per 5	X7/ 1	MEG	¢400.00	Ф4.000.00	and purchase
	E0784 E0791	Ext amb infusn pump insulin	Y/ 12 months Y/ 12 months	YES YES	years	Y/ month Y/ month	YES YES	\$400.00	\$4,000.00	
	E0791 E0840	Parenteral infusion pump sta Tract frame attach headboard	1/12 months	NO NO		NA NA	YES	\$302.50	\$3,025.00 \$59.59	
594	EU04U	Tracti frame attach headboard Traction equipment, cervical, free		NO		NA			\$39.39	rate set
505	E0849	standing stand/frame pneumatic	Y/12 months	YES		Y/month	YES	\$46.38	¢162.79	08/01/2007
	E0850	Traction stand free standing	1/12 monuis	NO		NO	1123	Ψ40.36	\$100.51	
	E0855	Cervical traction equipment	Y/ 12 months	YES		Y/ month	YES	\$48.09	\$480.86	
	20033	Corried duction equipment	1, 12 months	1100		1/ month	ILD	ψ10.07	ψ 100.00	CMS addition
										1/08 rate set 8-1-
										08. PA removed
		Cervical traction device, cervical collar								eff. DOS 8-1-08
598	E0856	with inflatable air bladder		NO		NO			\$123.22	and after.
	E0860	Tract equip cervical tract		NO		NO			\$35.51	
	E0870	Tract frame attach footboard		NO		NO			\$111.27	
	E0880	Trac stand free stand extrem		NO		NO			\$120.10	
602	E0890	Traction frame attach pelvic		NO		NO			\$114.38	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits		required	Rental Price	Price	date updated
603	E0900	Trac stand free stand pelvic		NO		NO			\$122.58	
604	E0910	Trapeze bar attached to bed		NO		Y/ month	NO	\$18.10	\$181.10	rate change eff. DOS 4/1/09; former rates purchase \$191.30, RR \$19.13; PA for purchase and PA for RR removed eff. 8/1/10
		Trapeze bar heavy duty wt. greater than								rate set 08/01/2007;PA for purchase and PA for RR removed eff.
605	E0911	250#		NO		Y/month	NO	\$44.87	\$448.70	
		Trapeze bar heavy duty wt. greater than								rate set
	E0912	250# free standing	Y/12 months	YES		Y/month	YES	\$103.02		08/01/2007;
	E0920	Fracture frame attached to b	Y/ 12 months	YES		Y/ month		\$44.14	\$441.40	
608	E0930	Fracture frame free standing	Y/ 12 months	YES		Y/ month	YES	\$37.15	\$371.50	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	D 1.1	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	_	Rental Price	Price	date updated
609	E0935	Exercise device passive moti	Y/ 12 months	YES	21 days	Y/ day	YES	\$21.75	NA	
610	E0940	Trapeze bar free standing		NO		Y/ month	NO	\$27.96	\$279.60	rate change eff. DOS 4/1/09; former rates purchase \$295.50, RR \$29.55; PA for purchase and PA for RR removed eff. 8/1/10
611	E0941	Gravity assisted traction de		NO		Y/ month	NO	\$41.53	\$415.30	PA for purchase and RR removed eff. 8/1/10
	E0942	Cervical head harness/halter		NO		NO			\$18.99	
613	E0944	Pelvic belt/harness/boot		NO		NO			\$40.16	
614	E0945	Belt/harness extremity		NO		NO			\$42.41	
	E0946	Fracture frame dual w cross	Y/ 12 months	YES		Y/ month	YES	\$48.11	\$481.10	
	E0947	Fracture frame attachmnts pe	Y/ 12 months	YES		Y/ month	YES	\$58.02	\$580.20	
617	E0948	Fracture frame attachmnts ce	Y/ 12 months	YES		Y/ month	YES	\$56.12	\$561.19	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC		purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	rate change eff.
										DOS 4/1/09;
										former rate
										purchase \$99.45;
										PA ended 12-1-
618	E0950	W/C tray		NO		NO			\$94.07	
010	E0930	W/C tray		NO		NO				rate change eff.
										DOS 4/1/09;
										former rate
619	E0951	Loop, heel, each		NO		NO			\$15.09	purchase \$15.80
		Try stay to the stay of the st							,	rate change eff.
										DOS 4/1/09;
										former rate
620	E0952	Loop tie		NO		NO			\$14.48	purchase \$15.32
		W/C accessory, headrest, cushioned,								
621	E0955	prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
		W/C accessory, lateral trunk or hip								
		support, prefab with mounting hardware,								
622	E0956	each	Y/6 months	YES		NO			MSRP-22%	
		W/C accessory, medial thigh support,								
623	E0957	prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	

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1	MEDICAII	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	.1					
	Red indicat	tes new codes or changes for the most								
4	current rev	ision date.								
	•	d for rentals as indicated on the fee scho								
		ance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				D (1			
			expiration date for	Purchase			Rental PA&			
				PA & CMN			CMN		Purchase	
9	HCPCS	Description	purchase or rental		T imita	Rental		Dantal Drias	Purchase Price	data undatad
	E0958	Which att-conv 1 arm drive manual	Y/ 6 months	required YES	Limits	Y/ month	YES	Rental Price \$41.74	\$417.40	date updated
024	E0936	which att-conv I aim drive manuar	17 O IIIOIIUIS	IES		1 / IIIOIIIII	IES	\$41.74	\$417.40	rate set
625	E0959	Amputee adapter		NO		NO			\$39.79	08/01/2007
		*								
		W/C accessory, houlder harness/straps								
626	E0960	or chest strap, incl. Mounting hardware	Y/6 months	YES		NO			MSRP-22%	
										PA for purchase
										and PA for RR
										removed eff.
627	E0961	Wheelchair brake extension		NO		Y/month	NO	\$2.42	\$24.19	8/1/10
										PA for purchase and PA for RR
		Manual WC aggreent handwast								removed eff.
628	E0966	Manual WC accessory-headrest extension		NO		Y/month	NO	\$6.22	\$60.17	8/1/10
020	E0900	CAUCHISION		NO		1/IIIOIIIII	NU	Φυ.22	φυ2.17	rate set
										08/01/2007; PA
										for purchase and
										and PA for RR
		Wheelchair hand rims w/projections, any								removed eff.
629	E0967	type		NO		Y/ month	NO	\$5.91	\$59.12	8/1/10
630	E0968	Wheelchair commode seat	Y/6 months	YES		Y/ month	YES	\$14.58	\$145.80	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	11					
	Red indicat	tes new codes or changes for the most								
	current rev									
		d for rentals as indicated on the fee sch								
6		ance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		ъ.	
	Habaa	.	purchase or	CMN	. ,	D (1	CMN	D . ID .	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated PA for purchase
										and PA for RR
631	E0969	Wheelchair Narrowing device		NO		Y/ month	NO	\$14.84	\$148.35	removed eff.
031	E0909	wheelchair Narrowing device		NU		1 / IIIOIIIII	NO	\$14.64	\$146.55	Crosswalk codes
										are K0037 &
										K0042. E0970
										will be removed
										from the fee
										schedule
										effective DOS 8-
										1-08 and after.
										PA for purchase
										and PA for RR
										removed eff
632	E0970	Wheelchair no. 2 footplates		NO		Y/month	NO	\$3.92	\$39.17	8/1/10

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev									
5		d for rentals as indicated on the fee sch								
6		cance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate set 08/01/2007; PA for purchase and PA for RR removed eff with
633	E0971	Wheelchair anti-tipping device each		NO		Y/month	NO	\$3.96	\$39.59	reg change
										rate change to begin DOS 4/1/09 purchase \$88.44, RR \$8.84; rate change 3/1/10; PA for purchase and PA for RR removed eff.
634	E0973	Wheelchair adjustable height		NO		Y/month	NO	\$8.42	\$84.20	
625	E0074	W/L1-lili-l		NO		V/	NO	\$ C.0C	¢(0.57	PA for purchase and PA for RR removed eff.
635	E0974	Wheelchair grade-aid		NO		Y/month	NO	\$6.96	\$69.57	8/1/10

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7	_	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
							_			rate set
										08/01/2007; PA
										for purchase
000	E0070	XX71 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NO		NO			Ф20. 42	removed eff
636	E0978	Wheelchair belt w/airplane b		NO		NO			\$38.43	PA for purchase
										and removed eff.
637	E0980	Wheelchair safety vest		NO		NO			\$31.62	
										\$47.59 former
										rate change eff.
										1/15/08; rate
										change eff. DOS
		W/C								4/1/09; former
630	E0981	W/C accessory, seat upholstery, replacement only, each, pt. owned		NO		NO			¢10 67	rate purchase \$47.15
036	E0301	replacement only, each, pt. owned		NO		NO			Φ42.07	φ47.13
		W/C accessory, back upholstery,								
639	E0982	replacement, only, patient owned		NO		NO			\$44.48	
		manual WC access., power add-on to								
640	E0983	convert manual WC to motorized, joystick control	Y/ 6 months	YES		Y/month	YES	\$262.43	\$2,624.30	added eff. 1-1-09
0.0	20703	Jojonen John of	1, O mondis	1 110		I / IIIOIIIII	110	Ψ202.13	Ψ2,02 1.30	uuuuu 011. 1 1 0)

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
	current rev									
	•	ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										PA for purchase
										and PA for RR
										removed eff.
641	E0985	W/C accessory, seat lift mechanism		NO		Y/month	NO	\$19.27	\$192.70	
		Manual WC accessory-push activated								code added
642	E0986	power assist	Y/6 months	YES		Y/month	YES	M	M	effective 8/1/07
										rate change eff.DOS 4/1/09;
										<i>'</i>
										former rates
										purchase
										\$112.35, RR
										\$11.24; PA for
										purchase and PA
										for RR removed
	E0990	Wheelchair elevating leg res		NO		Y/ month	NO	\$10.63		eff. 8/1/10
	E0992	Wheelchair solid seat insert		NO		NO			\$79.18	
645	E0994	Wheelchair arm rest		NO		NO			\$16.87	

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	Red indica	tes new codes or changes for the most								
4	current re	<u>e</u>								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	- · · ·	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change eff. DOS 4/1/09;
										former rate
646	E0995	Wheelchair calf rest		NO		NO			\$25.12	purchse \$26.56
040	E0993	W/C accessory, power seating system,		NO		NO			\$23.12	purchse \$20.30
647	E1002	tilt only	Y/6 months	YES		NO			MSRP-22%	
				1						
		W/C accessory, power seating system,								
648	E1003	recline only w/o shear reduction	Y/6 months	YES		NO			MSRP-22%	
		W/C acessory, power seating system,								
649	E1004	recline only, with shear reduction	Y/6 months	YES		NO			MSRP-22%	
		W/C acessory, power seating system,								
650	E1005	recline only with power shear reduction	Y/6 months	YES		NO			MSRP-22%	
		W/C accessory, power seating								
054	E1006	sys.,comb. Tilt/recline, w/o shear	X7/6 1	NEC		NO			Mann coo	
651	E1006	reduction	Y/6 months	YES		NO			MSRP-22%	
		W/C accessory, power seating sys.,comb. Tilt/recline, w/mech. Shear								
652	E1007	reduction	Y/6 months	YES		NO			MSRP-22%	
052	E100/	reduction	1/O HIOHUIS	1 ES		NU	İ		WSKP-22%	

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	current rev									
	_	ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT GD GG	5	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Kental	required	Rental Price	Price	date updated
		W/C accessory, power seating								
050	E1000	sys.,comb. Tilt/recline, w/power shear	X7/6 (1	MEG		NO			MCDD 220/	
653	E1008	reduction	Y/6 months	YES		NO			MSRP-22%	
		W/C								
654	E1009	W/C accessory, add. To power sys.,mech. Linked leg elevation system	Y/6 months	YES		NO			MSRP-22%	
034	E1009	W/C accessory, add. To power	1/0 IIIOIIIIIS	IES		NO			WSKP-22%	
655	E1010	sys.,power leg elevation system	Y/6 months	YES		NO			MSRP-22%	
000	E1010	Modification to ped. W/C Width adj.	1/0 months	TES		NO			WISINI -22/0	code added
656	E1011	pkg	Y/6 months	YES		NO			М	07/02/2007
030	E1011	pkg	1/0 monus	IES		NO			IVI	code added
										07/02/2007 rate
										set eff. 1/15/08;
										PA for purchase
057	E1014	and the trade of the first of t		NO		NO			фа о а 4.4	removed eff.
65/	E1014	reclining back addt. To ped sizeWC		NO		NO			\$292.11	8/1/10
658	E1015	Shock absorber for manual wheelchair	Y/6 months	YES		NO			MSRP-22%	

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4	current rev	<u>e</u>								
		ed for rentals as indicated on the fee sch	edule.							
6	_	rance of a code on this fee schedule does		coverage.						
7	• •	ty limit is exceeded, a CMN & PA are re								
8	_	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added
										11/07/07; PA
										ended eff. 12-1-
659	E1016	Shock absorber for power wheelchair		NO		NO			\$118.18	09
		Heavy duty Shock absorber for heavy								
		dty or extra-heavy dty power wheelchair,								
660	E1018	each	Y/6 months	YES		NO			M	code added 5/10
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase
										\$243.31, RR
										\$27.75; PA for
										purchase and PA
										for rental
	T1000	Residual Limb Support system for		,,,				***	***	removed eff
661	E1020	wheelchair		NO		Y/ month	NO	\$22.02	\$220.29	8/1/10
	E1020	W/C accessory, man. Swingaway,retr.	X7/6 .1	I AMERICA					Mann cook	
	E1028	Or remov. Hardware for	Y/6 months	YES		NO			MSRP-22%	
I 663	E1029	W/C accessory, ventilator tray, fixed	Y/6 months	YES		NO			MSRP-22%	

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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
664	E1030	W/C accessory, ventilator tray, gimbaled	V/6 months	YES		NO			MSRP-22%	
	E1030	Rollabout chair with casters	Y/6 months	YES		Y/ month	YES	\$41.07	\$410.70	
003	E1031	Rollabout Chair with Casters	1/0 monus	TES		1 / IIIOIIIII	1123	\$41.07	φ410.70	
										added to fee
										schedule 5/21/08
		Mult. Positional transfer system, with								for DOS 4/30/08
666	E1035	integrated seat	Y/12 months	YES		Y/month	YES	\$490.56	\$4,905.60	
		multi-positioNOl transfer system						7 17 010 0	+ 1,7 00 100	
		w/integrated seat, x-wide, member wt								CMS added
667	E1036	>300#	Y/12 months	YES		Y/month	YES	M	M	1/1/10
668	E1037	Transport Chair, pediatric size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
669	E1038	Transport Chair, adult size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
		transport chair, adult size heavy duty, wt.								
	E1039	> 250 lbs	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
	E1050	Wheelchr fxd full length arms	Y/6 months	YES		Y/ month	YES	\$88.29	\$882.90	
	E1060	Wheelchair detachable arms	Y/6 months	YES		Y/ month	YES	\$120.61	\$1,206.10	
	E1065	Wheelchair power attachment	Y/6 months	YES		Y/ month	YES	\$252.86	\$2,528.60	
	E1070	Wheelchair detachable foot r	Y/6 months	YES		Y/ month	YES	\$104.78	\$1,047.80	
	E1083	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	\$75.33	\$753.30	
676	E1084	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	YES	\$93.85	\$938.50	

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4	current rev									
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8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	•	Rental Price	Price	date updated
	E1085	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	\$66.21	\$662.10	
	E1086	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month		\$80.40	\$804.00	
	E1087	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month		\$102.88	\$1,028.80	
	E1088	Wheelchair lightweight det a	Y/6 months	YES		Y/ month		\$122.60	\$1,226.00	
	E1089	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month		\$97.74	\$977.40	
	E1090	Wheelchair lightweight det a	Y/6 months	YES		Y/ month		\$128.27	\$1,282.70	
	E1092	Wheelchair wide w/ leg rests	Y/6 months	YES		Y/ month		\$110.61	\$1,106.10	
	E1093	Wheelchair wide w/ foot rest	Y/6 months	YES		Y/ month		\$90.01	\$900.10	
	E1100	Whehr s-reel fxd arm leg res	Y/6 months	YES		Y/ month		\$84.42	\$844.20	
686	E1110	Wheelchair semi-recl detach	Y/6 months	YES		Y/ month	YES	\$82.66	\$826.60	
										PA removed for
007	E1120	W11.1 16.1		NO		X 7 / .4	NO	044.11	0.444.40	purchase and RR
	E1130	Whichr stand fxd arm ft rest	X7/6 .1	NO		Y/ month	NO	\$44.11		eff. 8/1/10
	E1140	Wheelchair standard detach a	Y/6 months	YES		Y/ month		\$58.42	\$584.20	
	E1150	Wheelchair standard w/ leg r	Y/6 months	YES		Y/ month		\$67.71	\$677.10	
690	E1160	Wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	\$54.43	\$544.30	
004	E1161	Wheelchair Manual Adult Size, includes	XI/C 1	VEC		X7/ 11	MEG	MCDD 150	MCDD 1504	
	E1161	tilt in space	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
	E1170	Whichr ampu fxd arm leg rest	Y/6 months	YES		Y/ month		\$85.45	\$854.50	
	E1171	Wheelchair amputee w/o leg r	Y/6 months	YES		Y/ month		\$65.18	\$651.80	
694	E1172	Wheelchair amputee detach ar	Y/6 months	YES		Y/ month	YES	\$79.65	\$796.50	

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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
_	HCPCS		rental	required	Limits	Rental		Rental Price		date updated
	E1180	Wheelchair amputee w/ foot r	Y/6 months	YES		Y/ month	YES	\$96.95	\$969.50	
	E1190	Wheelchair amputee w/ leg re	Y/6 months	YES		Y/ month	YES	\$112.01	\$1,120.10	
	E1195	Wheelchair amputee heavy dut	Y/6 months	YES		Y/ month	YES	\$120.19	\$1,201.90	
698	E1200	Wheelchair amputee fixed arm	Y/6 months	YES		Y/ month	YES	\$80.14	\$801.40	
600	E1220	Wheelchair Specially sized or constructed	Y/6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	
699	E1220	constructed	1/6 months	TES		Y/ monun	YES	WISKP-15%	MSRP-15%	description chg.
										9/9/08; PA for
										purchase and RR
										removed eff.
700	E1221	Wheelchair with fixed arms w footrests		NO		Y/ month	NO	\$38.63	\$386.30	
100	2.221	Wheelchair w/fixed arm w elevating leg		110		1/ month	110	Ψ30.03		description chg.
701	E1222	rests	Y/6 months	YES		Y/ month	YES	\$55.12	\$551.20	
	-		, , , , , , , , , , , , , , , , , , , ,	- 20					-	description chg.
702	E1223	Wheelchair detachable arms w footrests	Y/6 months	YES		Y/ month	YES	\$60.19	\$601.90	
		Wheelchair detachable arms w/ elevating								description chg.
703	E1224	leg rests	Y/6 months	YES		Y/ month	YES	\$65.99	\$659.90	
		Wheelchair accessory manual semi-recl								description chg.
704	E1225	back recline>15 degrees but <80	Y/6 months	YES		Y/ month	YES	\$43.24	\$432.40	
		Wheelchair accessory manual full-recl			.					description chg.
705	E1226	back recline >80 degrees	Y/6 months	YES		Y/ month	YES	\$52.20	\$522.01	9/9/08

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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT GD GG	5	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
700	E1007	Constitution Con WC	V//C	VEC		X7 / 1.	MEG	¢24.49	\$244.00	description chg.
706	E1227	Spec ht arms for WC	Y/6 months	YES		Y/ month	YES	\$24.48	\$244.80	
707	E1228	Special back height for WC	Y/6 months	YES		Y/ month	YES	\$26.81	\$268.10	description chg. 9/9/08
H		Wheelchair, pediatric not otherwise						7=3131	7-221-2	7,7,00
708	E1229	classified	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
		Wheelchair, pediatric size, tilt-in-space,								
709	E1231	rigid, adjustable, with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
		Wheelchair pediatric size, tilt-in space,								
710	E1232	folding, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
l		Wheelchair pediatric size, tilt-in space,								
711	E1233	rigid, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
		Wheelchair pediatric size, tilt-in space,								
	T1001	folding, adjustable without seating	***	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*****	1.6000 4.500	1.000 A 551	
/12	E1234	system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	

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	Red indicat	tes new codes or changes for the most	:							
4	current rev	S S S S S S S S S S S S S S S S S S S								
5	PA require	d for rentals as indicated on the fee scl	nedule.							
6	The appear	rance of a code on this fee schedule doe	s not guarante	e coverage.						
7		y limit is exceeded, a CMN & PA are 1								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										description
		****								corrected to
740	E1005	Wheelchair pediatric size, rigid,	X7/6 .1	T/TCC		X7/ .1	T/TEG) (GDD 150/	MCDD 150/	remove tilt in
/13	E1235	adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	space
744	E1236	Wheelchair pediatric size, folding,	V/C 41	VEC		V/	YES	MCDD 150/	MCDD 150/	
/ 14	E1230	adjustable with seating system Wheelchair pediatric size, rigid,	Y/6 months	YES		Y/month	TES	MSRP-15%	MSRP-15%	
715	E1237	adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
713	E1237	Wheelchair pediatric size, folding,	1/0 monus	ILS		1/IIIOIIII	1123	WISKI-1570	WISKI -1370	
716	E1238	adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
	E1240	Whehr litwt det arm leg rest	Y/6 months	YES		Y/ month		\$83.77	\$837.70	
	E1250	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month		\$61.80	\$618.00	
	E1260	Wheelchair lightwt foot rest	Y/6 months	YES		Y/ month		\$75.79	\$757.90	
	E1270	Wheelchair lightweight leg r	Y/6 months	YES		Y/ month		\$72.25	\$722.50	
721	E1280	Whchr h-duty det arm leg res	Y/6 months	YES		Y/ month		\$125.58	\$1,255.80	
722	E1285	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month		\$98.07	\$980.70	
	E1290	Wheelchair hvy duty detach a	Y/6 months	YES		Y/ month		\$114.02	\$1,140.20	
	E1295	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month		\$98.78	\$987.80	
	E1296	Wheelchair special seat height	Y/6 months	YES		Y/ month		\$39.98	\$399.82	
	E1297	Wheelchair special seat dept	Y/6 months	YES		Y/ month		\$9.61	\$95.95	
727	E1298	Wheelchair spec seat depth/w	Y/6 months	YES		Y/ month	YES	\$40.53	\$405.30	

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			date for	PA &			PA&			
١.			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
/28	E1300	Whirlpool portable, tub type	Y/6 months	YES		Y/ month	YES	M	M	
		O2 accessory, wheeled cart for portable								CMS addition
729	E1354	cylinder or concentrator, each	Y/12 months	YES		Y/month	YES	M	М	1/1/09
	E1355	Oxygen supplies stand/rack		NO		NO				rate chg. 1/1/09
		7,6								g
		O2 accessory, battery pack/cartridge for								CMS addition
731	E1356	portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	1/1/09
		O2 accessory, battery charger, for								CMS addition
732	E1357	portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	1/1/09
		O2 accessory, DC power adapter for								CMS addition
733	E1358	portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	1/1/09
										PA for purchase
										removed and RR
	T1055									endeded eff.
734	E1372	Oxy suppl heater for nebuliz		NO		NO			\$140.99	
										rate chg. 1/1/09; rate change
735	E1390	Oxygen concentrator	Y/12 months	YES		Y/ month	YES	\$173.17	NO	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
		ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				.			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Dontal		Rental Price	Price	date updated
ا	inci es	Description	Tentai	requireu	Lillits	Kentai	requireu	Rental I lice	11100	rate chg. 1/1/09;
										rate change
		O2 concentrator, dual del. Port, 85% or								3/1/10 from
736	E1391	>O2 concentration at presc. Flow rate	Y/12 months	YES		Y/month	YES	\$173.17	NO	
										rate change
	E1392	portable O2 concentrator, rental	Y/12 months	YES		Y/month	YES	\$51.63	NO	
	E1399	Miscellaneous DME	Y/12 months	YES		NO			M	
	E1405	O2/water vapor enrich w/heat	Y/ 6 months	YES		Y/ month		\$212.61	NO	U
	E1406	O2/water vapor enrich w/o he	Y/ 6 months	YES		Y/ month	YES	\$192.71	NO	rate chg. 1/1/09
	E1700	Jaw motion rehab system	Y/ 6 months	YES		Y/ month	YES	\$32.99	\$329.91	
	E1701 E1702	Repl cushions for jaw motion Repl measr scales jaw motion		NO NO		NO NO			\$10.15 \$20.92	
	E1702 E1800	Adjust elbow ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$94.78	\$20.92 \$947.80	
H + + + + + + + + + + + + + + + + + + +	E1000	Adjust Cloow CAVIICA UEVICE	1/ O IIIOIIUIS	LES		1/111011111	LES	ψ54.70	φ247.00	added to fee
		Dynamic adjustable forearm								schedule for
		pronation/supination device, incl soft								DOS 03/01/09
745	E1802	interface material, ea.	Y/ 6 months	YES		NO			M	and after
	E1805	Adjust wrist ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$97.27	\$972.70	
747	E1810	Adjust knee ext/flex device	Y/6 months	YES		Y/ month	YES	\$94.90	\$949.00	
		Dynamic knee ext/flex. Device with								rate set
748	E1812	active resistance control	Y/ 6 months	YES		Y/month	YES	\$77.39	NO	08/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	e coverage.						
	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	E1815	Adjust ankle ext/flex device	Y/6 months	YES		Y/ month	YES	\$97.27	\$972.70	
	E1820	Soft interface material		NO		NO			\$78.20	
	E1825	Adjust finger ext/flex devc	Y/6 months	YES		Y/ month		\$97.27	\$972.70	
752	E1830	Adjust toe ext/flex device	Y/ 6 months	YES		Y/ month	YES	\$97.27	\$972.70	
753	E1840	Dynamic adjustable shoulder flexion/abduction rotation device, incl. soft interface	Y/6 months	YES		Y/month	YES	\$401.85	NO	added to fee schedule for DOS 2/1/10 and after
754	E1841	Static progressive stretch shoulder device,w/woROM adj. incl. all components & access., each	Y/6months	YES		Y/month	YES	\$407.70	NO	rate set 08/01/2007 CMS description change 1/08
755	E2000	Gastric suction pump, home model, portable or stationary, electric		NO		Y/ month	NO	\$37.23	\$372.30	PA removed for purchase and PA for RR removed eff. 8/1/10

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	•	rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
					1 4					Coverage will be through
750	F2100	Blood Glucose Monitor with integrated	X7/ 6 .1	T T T T T T T T T T T T T T T T T T T	1 per 4	NO			Φ < 1.7. QQ	pharmacy
756	E2100	voice synthesizer Man. W/C non-standard seat frame,	Y/ 6 months	YES	years	NO			\$615.33	10/5/10 and after
757	E2201	width >=20" and < 24"	Y/6 months	YES		NO			MSRP-22%	
151	E2201	Man. W/C non-standard seat frame,	1/6 monus	TES		NO			WISRP-22%	
758	E2202	width 24-27"	Y/6 months	YES		NO			MSRP-22%	
700	BEEGE	Man. W/C nonstandard seat frame depth	170 months	TES		110			WISICI 2270	
759	E2203	20 to < 22"	Y/6 months	YES		NO			MSRP-22%	
		Man. W/C nonstandard seat frame depth								
760	E2204	22 to 25"	Y/6 months	YES		NO			MSRP-22%	
		Manual W/C access. Handrim w/o projections any type, replacement only,								CMS description
761	E2205	includes ergonomic or contoured, each		NO		NO			\$32.67	change 1/08
762	E2206	manual W/C accessory, wheel lock assembly, complete, each		NO		NO			\$40.68	

	А	В	С	D	Е	F	G	Н	I	J
1		D PROGRAM DME FEE SCHEDULE	_			•			•	, ,
2	TVILDICITIES	TROGRAM DIVIETEE SCHEDUEE								
	-	<u></u>								
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev									
		d for rentals as indicated on the fee scho	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8		regulation, any item \$500 or over requi								
	1		CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										correction to fee schedule as to requiring PA
										8/1/08; PA for purchase and PA for RR removed
763	E2207	W/C accessory, cane/crutch holder		NO		Y/month	NO	\$4.15		8/1/08; PA for purchase and PA
763	E2207	W/C accessory, cane/crutch holder		NO		Y/month	NO	\$4.15	\$41.47	8/1/08; PA for purchase and PA for RR removed

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
		tes new codes or changes for the most								
4	current rev									
		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
ٿ	iici cs	Description	Tentai	required	Limits	Kentai	requireu	Kentai i i ce	TILLE	uate upuateu
765	E2209	W/C access. Arm trough, w/wo hand support each		NO		Y/month	NO	\$9.70		rate change eff. DOS 4/1/09; former rates purchase \$102.52, RR \$10.25; PA for purchase and PA for RR removed eff. 8/1/10
100	1220)	support cucii		110		1/IIIOIIII	110	ψ2.70	Ψ,0.,70	C11. 0/ 1/ 10
700	F2216	W/C access., bearings, any type,		No		No			47.00	rate change eff. DOS 4/1/09; former rate
766	E2210	replacement only, each, pt. owned		NO		NO			\$5.93	purchase \$6.27
767	E2211	Man. W/C access. Pneumatic propulsion tire, any size each,		NO		NO			\$39.14	
768	E2212	Man. W/C access. Tube for pneumatic propulsion tire, any size each		NO		NO			\$5.63	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA& CMN		D	
	HCDCC	Description	purchase or	CMN	T ::4	Domtol		Dantal Drian	Purchase Price	J. 4 J. 4. J
9	HCPCS	Description Man. W/C access. Insert for pneumatic	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated
		propulsion tire, removable, any size,								
760	E2213	each,		NO		NO			\$29.10	
703	12213	Man. W/C access. Pneumatic caster tire,		NO		NO			Ψ29.10	
770	E2214	any size each		NO		NO			\$29.27	
1	2211	Man. W/C access. Tube for pneumatic		110		110			Ψ23.27	
771	E2215	caster tire, any size each		NO		NO			\$9.19	
		Man. W/C access. Foam filled							•	
772	E2216	propulsion tire, any size, each	Y/6 months	YES		NO			M	
		Man. W/C access. Foam filled tire, any								
773	E2217	size each	Y/6 months	YES		NO			M	
		Man. W/C access. Foam propulsion tire,								
774	E2218	any size each	Y/6 months	YES		NO			M	
		Man. W/C access. Foam caster tire, any								
775	E2219	size each		NO		NO			\$34.03	
		M W/G G III / II / I								
770	E2220	Man. W/C access. Solid (rubber/plastic)		NO		NO			¢00.10	
1/6	E2220	tire, propulsion, any size, each		NO		NO			\$23.19	
		Man. W/C access. Solid (rubber/plastic)								
777	E2221	tire removable any size, each		NO		NO			\$24.44	
111	L12221	une removable any size, each		INO		LNO			\$24.44	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re									
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	•	rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT GD GG	D	purchase or	CMN			CMN		Purchase	
9	HCPCS	Description Man. WC solid caster tire (rubber or	rental	required	Limits	Rental	required	Rental Price	Price	date updated
770	E2222	plastic) w/wheel any size, each		NO		NO			\$18.95	
110	EZZZZ	Man. WC propulsion wheel, exc. Tire,		NO		NO			\$18.93	
770	E2224	each		NO		NO			\$79.74	
113	L2224	Man. WC access. Caster wheel excl. tire.		NO		NO			ψ19.14	
780	E2225	any size, replacement only, each		NO		NO			\$15.66	
100	2220	Man. WC access. Caster fork, any size,		110		1,0			410. 00	
781	E2226	replacement only, each		NO		NO			\$34.15	
										CMS code
		Manual W/C accessory, gear reduction								addition 1/08 rate
782	E2227	drive wheel, each	Y/12 months	YES		NO			\$1,255.30	set 8-1-08
										CMS code
		Manual W/C accessory, wheel braking								addition 1/08 rate
783	E2228	system and lock, complete, each	Y/12 months	YES		NO			\$749.01	set 8-1-08
		manual wheelchair, accessory, manual						_		CMS addition
784	E2230	standing system, each	Y/12 months	YES		YES	YES	M	M	1-1-09
		manual wheelchair accessory, solid seat								CMC addition
70F	E2221	support base, replaces sling seet, incl.	V/12 months	VEC		VEC	VEC	M	3.4	CMS addition
785	E2231	any type mounting hardware, each	Y/12 months	YES		YES	YES	M	M	1-1-09

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Back, planar, for ped. W/C includes								
786	E2291	fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
		Seat, planar, for ped. W/C including								
787	E2292	fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
		Back, contoured, for ped W/C including								
788	E2293	fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
		Seat, countoured for ped. W/C including								
789	E2294	fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
		manual wheelchair accessory, for								
		pediatric size chair, dynamic seating								C) (C) (I)
700	F2205	frame, allows coordinated movement of	XX/10 .1	Y/TEG		X7/ .1	T/TEG	3.4	3.4	CMS addition
790	E2295	multiple positioning features	Y/12 months	YES		Y/month	YES	M	M	1-1-09
701	E2300	Power W/C access., power seat elevation	V/6 months	YES		NO			MSRP-22%	
191	E2300	Power W/C access., power seat elevation Power W/C access. Power standing	1/0 IIIOIIIIS	1 ES		NO			WSKF-22%	
702	E2301	system	Y/6 months	YES		NO			MSRP-22%	
132	102301	Power W/C access. Electronic conn.	1/0 monus	LES		110			WISINF -22%	
702	E2310	Between 1 motor	Y/6 months	YES		NO			MSRP-22%	
133	112310	Power W/C access. Elect. Conn.	1/0 monuis	ILO		110			WISINI -2270	
794	E2311	Between 2 motors	Y/6 months	YES		NO			MSRP-22%	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	s not guarante	e coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are r	equired.							
8	By current	regulation, any item \$500 or over requ	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Power W/C accessory, hand or chin								
		control interface, mini-proportional								
		remote joystick proportional, including								CMS code
795	E2312	fixed mounting hardware	Y/12 months	YES		NO			M	addition 1/08
		Power W/C accessory, harness for								
		upgrade to expandable controller,								
		including all fasteners, connectors, and								CMS code
796	E2313	mounting hardware, each	Y/12 months	YES		NO			M	addition 1/08
		Power W/C access. Hand control								
797	E2321	interface	Y/6 months	YES		NO			MSRP-22%	
700	F2222	Power W/C access. Hand control mult.	X7/6 11	NEC.		NO			Mann cook	
	E2322	Mech. Switches	Y/6 months	YES		NO			MSRP-22%	
	E2323	Power W/C specialty joy stick prefab	Y/6 months	YES		NO	-		MSRP-22%	
800	E2324	Power W/C Aggess Sin and puff	Y/6 months	YES		NO			MSRP-22%	
004	E2225	Power W/C Access. Sip and puff	V/6 m = 41	YES		NO			MCDD 220/	
001	E2325	interface Power W/C breath tube kit for sip and	Y/6 months	1ES		NO			MSRP-22%	
000	E2326	buff	Y/6 months	YES		NO			MSRP-22%	
002	E2320	Power W/C access. Head control	1/O IIIOIIIIS	IES		NO			WSKP-22%	
803	E2327	interface	Y/6 months	YES		NO			MSRP-22%	
000	112321	interrace	1/0 monuis	ILD		110			WISINI -22/0	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	ites new codes or changes for the most								
4		vision date.								
		ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
	•	ty limit is exceeded, a CMN & PA are re								
		t regulation, any item \$500 or over requi	1							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Power W/C access. Head or extremity								
804	E2328	control	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Head control contact								
805	E2329	switch	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Head control								
806	E2330	proximity switch	Y/6 months	YES		NO			MSRP-22%	
		Attendant control, power w/c access.,								
		proportioNOl incl. all related electronic								code added for
807	E2331	& fixed mounting hardware, each	Y/6 months	YES		NO			M	coverage 7/8/08
		Power W/C access. Nonstandard seat								
808	E2340	frame width 20-23"	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Nonstandard seat								
809	E2341	frame width 24-27"	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Nonstandard seat								
810	E2342	frame depth 20 or 21"	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Nonstandard seat								
811	E2343	frame depth 22-25"	Y/6 months	YES		NO			MSRP-22%	
		Power W/C access. Electronic interface								
812	E2351	for speech gen.	Y/6 months	YES		NO			\$558.90	

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1	MEDICA	ID PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	11					
	Red indica	ates new codes or changes for the most								
4	current re	vision date.								
5	PA requir	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	e coverage.						
7		ity limit is exceeded, a CMN & PA are re								
8	By curren	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		GR34 Sealed Lead Acid Battery for								CMS added
813	E2359	Power Wheelchair		YES		NO			Manual pricing	1/1/12
		Power W/C access. 22 NF non-sealed								
814	E2360	lead acid battery, each		NO		NO			\$107.48	
		Power W/C access. 22NF sealed lead								rate change eff. DOS 4/1/09; former rate
815	E2361	acid battery, each		NO		NO			\$126.22	purchase \$132.49
10.0	12301	Power W/C access. Group 24 non-sealed		110		110			Ψ120.22	рагеназе ф132.47
816	E2362	lead acid battery ea.		NO		NO			\$87.38	
817	E2363	Power W/C access. Group 24 sealed lead acid battery each		NO		NO			\$168 33	rate change eff. DOS 4/1/09; former rate purchase \$176.70
1017	12303	Power W/C accessory, U-1 non-sealed		110		110			Ψ100.33	parenase \$170.70
818	E2364	lead acid battery, ea.		NO		NO			\$101.10	

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HODGG	Demodestica	purchase or	CMN	T !!4	D4-1	CMN	D 4 - 1 D2	Purchase	1-4 1-4-1
9	HCPCS	Description	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated
										rate change eff.
										DOS 4/1/09;
		Power W/C access. U-1 sealed lead acid								former rate
819	E2365	battery, each		NO		NO			\$101.51	purchase \$106.56
										rate change
										eff.DOS 4/1/09;
		Power W/C access. Battery charger,								former rate
820	E2366	single mode, each		NO		NO			\$238.58	purchase \$252.20
										rate change 3/1/10 from
										3/1/10 from \$400.93; PA
		Power W/C access. Battery charger dual			1 per 4					removed eff.
821	E2367	mode, each		NO	years	NO			\$379.27	
021	D4307	mode, cacii		NO	years	110			φ317.21	rate change
										01/02/2007; PA
										removed for
		Power W/C component, motor,								purchase eff.
822	E2368	replacement, only		NO		NO			\$464.91	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE			L					
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	rision date.								
5	PA require	d for rentals as indicated on the fee sche	edule.							
6		cance of a code on this fee schedule does		e coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate set 08/01/2007; PA
										for purchase
		Power W/C component, gear box,								removed eff.
823	E2369	replacement only		NO		NO			\$404.14	
023	E2309	replacement only		NO		NO			Ψ404.14	0/1/10
		Power W/C component, motor and gear								rate change
824	E2370	box combination, replacement only	Y/6months	YES		NO			\$722.56	01/02/2007
	220,0	Power WC access. Group 27 sealed lead	1, omenus	125		1,0			Ψ,22.00	01/02/2007
825	E2371	acid battery each		NO		NO			\$135.67	
		Power WC access. Group 27 non-sealed								
826	E2372	lead acid battery each	Y/6 months	YES		NO			M	
										code added to
		power WC access., hand or chin control								fee schedule
		interface, compact remote joystick,								02/01/2007 CMS
		proportional, incl. fixed mounting								description
827	E2373	hardware	Y/12 months	YES		NO			MSRP-22%	change 1/08
		Power WC hand or chin control,								code added to
		standard remote joystick, replacement								fee schedule
828	E2374	only	Y/12 months	YES		NO			MSRP-22%	02/01/2007

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		D WG								code added to
	T2277	Power WC, non-exp. Controller,	***	T TEG					1 (GDD 220)	fee schedule
829	E2375	replacement only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
		Danier WC and add a controller								code added to fee schedule
020	E2376	Power WC expandable controller, replacement only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
030	E2370	replacement only	1/12 IIIOIIIIS	1 ES		NO			WISKP-22%	code added to
		Power WC expandable controller, initial								fee schedule
831	E2377	upgrade only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
	E2311	upgrade only	1/12 months	TES		110			14151tt 2270	code added to
		Power WC pneumatic drive wheel tire,								fee schedule
832	E2381	any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
										code added to
		Power WC tube for pneumatic drive								fee schedule
833	E2382	drive wheel tire any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
										code added to
		Power WC insert for pneumatic drive								fee schedule
834	E2383	wheelany type, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
										code added to
		Power WC pneumatic caster tire, any								fee schedule
835	E2384	size, repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are ro	equired.							
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added to
		Power WC tube for pneumatic tire, any								fee schedule
836	E2385	size, repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
										code added to
		Power WC foam filled drive wheel, any								fee schedule
837	E2386	sz. Replac. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
										code added to
		Pwr. WC foam filled caster tire, any sz.								fee schedule
838	E2387	Repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
										code added to
		Pwr. WC foam foam drive tire, any sz.								fee schedule
839	E2388	Repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
										code added to
0.40	F2200	Pwr. WC foam caster tire, any sz, repl.	XX/10	T/FC		NO			Mann cook	fee schedule
840	E2389	Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
		D WC WILL 1								code added to
	E2200	Pwr. WC solid drive wheel,	X/10	VEC		NO			Mann agar	fee schedule
841	E2390	rubber/plastic, any sz. Repl. Only Pwr. WC solid caster wheel,	Y/12 months	YES		NO			MSRP-22%	02/01/2007
		· · · · · · · · · · · · · · · · · · ·								code added to
040	E2201	rubber/plastic, any sz.removable Repl.	X/10	VEC		NO			Mann agar	fee schedule
842	E2391	Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007

	А	В	С	D	Е	F	G	Н	ļ	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
		vision date.								
		ed for rentals as indicated on the fee sch								
	•	rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDCC	D	purchase or	CMN	T !!4	D4-1	CMN	D 4 - 1 D	Purchase	1-4 1-4-1
9	HCPCS	Description Pwr. WC solid caster wheel,	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated code added to
		rubber/plastic,w/ integ. wheel any								fee schedule
843	E2392	sz.removable Repl. Only	Y/12 months	YES		NO			MSRP-22%	02/01/2007
0.0	22372	Sz.removasie Repr. Omy	1712 months	TES		1,0			1115TC 2270	code added to
		Pwr WC access. Drive wheel excl. tires,				NO				fee schedule
844	E2394	any size repl. Only	Y/12 months	YES					MSRP-22%	02/01/2007
										code added to
		Pwr. WC caster wheel exc. Tire, any sz.				NO				fee schedule
845	E2395	Repl. Only	Y/12 months	YES					MSRP-22%	02/01/2007
										code added to
l						NO				fee schedule
846	E2396	Pwr. WC caster fork, any sz. Repl. Only	Y/12 months	YES					MSRP-22%	02/01/2007
		Down W/C accessory Lithium Land				NO				CMS code
017	E2397	Power W/C accessory, Lithium based battery, each	Y/12 months	YES		NO			MSRP-22%	addition 1/08
047	E2391	battery, each	1/12 IIIOIIIIS	IES					WISKF-22%	Policy
										clarification
848	E2402	Negative pressure wound therapy pump	Y/12 months	YES		YES	YES	\$1,373.17	NO	7/17/08. Rental
070	112702	speech gen. device <=8 min. recording	1/12 monuis	ILD		ILS	ILO	Ψ1,5/5.1/	NO	//1//00. Rental
849	E2500	time	Y/12 months	YES		YES	YES	\$31.29	\$312.85	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Speech gen. device >8 min but <=20								
850	E2502	min. recording time	Y/12 months	YES		YES	YES	\$95.67	\$956.54	
		Speech gen. device >20 min but<=40								
851	E2504	min. recording time	Y/12 months	YES		YES	YES	\$126.19	\$1,261.94	
050	E2506	Carrel and desire die Carrel	V/12	YES		VEC	YES	¢105.04	¢1 050 27	
652	E2506	Speech gen. device -dig. Speech	Y/12 months	TES		YES	TES	\$185.04	\$1,850.37	
853	E2508	Speech gen. device synthesized speech	Y/12 months	YES		YES	YES	\$286.13	\$2,861.29	
		Speech gen. device synth. Speech,								
854	E2510	multiple metohds of messaging	Y/12 months	YES		YES	YES	\$647.51	\$6,475.12	
855	E2512	accessory for speech gen. device	Y/12 months	YES		YES	YES	M	M	
050	E2500	A	V/10	VEC		VEC	VEC	3.4	3.6	
000	E2599	Accessory for speech gen. device NOC Gen. Use W/C cushion width<22", any	Y/12 months	YES		YES	YES	M	M	
857	E2601	depth	Y/12 months	YES		NO			MSRP-22%	
037	L2001	Gen. Use W/C cushion width 22" or >,	1/12 monus	1 ES		110			MSKF-22%	
858	E2602	any depth	Y/12 months	YES		NO			MSRP-22%	
000	12002	Skin protection W/C cushion width <22"	1/12 mondis	11.0		110			WISINI -22/0	
859	E2603	any depth	Y/12 months	YES		NO			MSRP-22%	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4		vision date.								
		ed for rentals as indicated on the fee scho	edule.							
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Skin protection W/C cushion width 22"								
860	E2604	or > any depth	Y/12 months	YES		NO			MSRP-22%	
004	F2.605	Positioning W/C cushion width <22"	XX/10 .1	T/TEG		NO			Mann agai	
861	E2605	any depth Positioning W/C cushion width>22" any	Y/12 months	YES		NO			MSRP-22%	
062	E2606		Y/12 months	YES		NO			MSRP-22%	
002	E2000	depth	1/12 monus	IES		NO			WISKP-22%	
		Skin protection & positioning seat								
863	E2607	cushion, width < 22", any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
000	L2007	Skin protection & positioning seat	1/12 months	ILS		1/IIIOIItii	ILS	WISICI -2270	WISINI -22/0	
864	E2608	cushion, width 22" or >, any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Custom fabricated W/C seat cushion,	_, 1 _ months	120			120	2.13111 2270	1.1.2111 2270	
865	E2609	any size	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
866	E2610	Wheel chair seat cushion, powered	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Gen. Use W/C back cushion, width <								
867	E2611	22", any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Gen. Use W/C back cushion, width 22"								
868	E2612	or >, any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarante	e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Positioning W/C back cushion, posterior,								
860	E2613	Width <22", any ht. Incl. Mounting hdw.		YES		Y/month	YES	MSRP-22%	MSRP-22%	
003	E2013	Positioning W/C back cushion, posterior,		TES		1/IIIOIIIII	ILS	WISKI -22/0	WISINI -22/0	
		Width 22" or >, any ht. Incl. Mounting								
870	E2614	hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Positioning W/C back				.,				
		cushion,post/lateral, Width <22", any ht,								
871	E2615	Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Positioning W/C back cushion, post/lat,								
		width 22" or>, any ht.,Incl. Mounting								
872	E2616	Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Custom fabricated W/C back cushion,								
873	E2617	any size, incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Replacement cover for W/C seat cushion								
874	E2619	or back cushion, each	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
		Positioning W/C back cushion, planar								
075	F2.620	with lateral supp., width<22", Incl.	37/10	NEC		37/ .1	MEG	MGDD 2004	MGDD CCC	
8/5	E2620	Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev									
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				- ·			
			expiration	Purchase			Rental			
			date for	PA &			PA&		ъ .	
	TTODGG	D 1.4	purchase or	CMN	T • •,	D ()	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Kental	required	Rental Price	Price	date updated
		Positioning W/C back cushion, planar								
076	E2621	with lateral supp., width22"or >, Incl.	V/12	YES		V/ 41-	YES	MSRP-22%	MCDD 220/	
0/0	E2021	Mounting Hdw.	Y/12 months	TES		Y/month	YES	WISKP-22%	MSRP-22%	eff. 1/1/2011
		skin protection wheelchair seat cushion,								replacement code
877	E2622	adjustable, width< 22", any depth, each	Y/12 months	YES		NO			MSRP-22%	*
011	L2022	skin protection wheelchair seat cushion,	1/12 months	ILO		110			WISKI -22/0	eff. 1/1/2011
		adjustable, width 22 >" or greater, any								replacement code
878	E2623	depth, each	Y/12 months	YES		NO			MSRP-22%	1
		skin protection and positioning								eff. 1/1/2011
		wheelchair cushion, adjustable width								replacement code
879	E2624	<22", any depth, each	Y/12 months	YES		NO			MSRP-22%	for K0736
		skin protection and positioning								eff. 1/1/2011
		wheelchair cushion, adjustable width 22								replacement code
880	E2625	or >", any depth, each	Y/12 months	YES		NO			MSRP-22%	for K0737
		Gait trainer, ped. Size, posterior support,								
881	E8000	incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
		Gait trainer, ped. Size, upright support,						_		
882	E8001	incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
		tes new codes or changes for the most								
	current rev									
		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
	•	y limit is exceeded, a CMN & PA are re regulation, any item \$500 or over requi	_							
<u> </u>	by current	regulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
002	E8002	Gait trainer, ped. Size, anterior support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	М	
003	E8002	inci. An Accessories and components	1/12 IIIOIIIIS	IES		1/IIIOIIIII	1 E3	IVI	M	PA removed for
										purchase and PA
					1 per 5					removed for RR
884	K0001	Standard wheelchair		NO	years	Y/ month	NO	\$47.69	\$476.90	eff 8/1/10
	K0001	Stnd hemi (low seat) whlchr	Y/ 6 months	YES	years	Y/ month	YES	\$78.28	\$782.80	0/1/10
	K0003	Lightweight wheelchair	Y/ 6 months	YES		Y/ month		\$72.86	\$728.60	
	K0004	High strength ltwt whlchr	Y/ 6 months	YES		Y/ month	YES	\$124.81	\$1,248.10	
	K0005	Ultralightweight wheelchair	Y/6 months	YES		Y/ month		\$176.86	\$1,768.60	
889	K0006	Heavy duty wheelchair	Y/6 months	YES		Y/ month	YES	\$107.22	\$1,072.20	
890	K0007	Extra heavy duty wheelchair	Y/6 months	YES		Y/ month	YES	\$170.77	\$1,707.70	
004	K0009	Other manual wheelchair base	Y/ 6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indicat	es new codes or changes for the most								
4	current rev	ision date.								
	PA require	d for rentals as indicated on the fee sch	edule.							
6		ance of a code on this fee schedule does		e coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				D (1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Dontal		Rental Price		date updated
ا ا	Incres	Description	Tentai	required	Limits	Kentai	requireu	Rental I lice	Tite	rate change eff.
										DOS 4/1/09;
										former rates
										purchase
										\$173.83, RR
										\$17.38; PA for
										purchase and PA
										for rental
										removed eff.
892	K0015	Detach non-adjus hght armrst		NO		Y/ month	NO	\$16.44	\$164.44	8/1/10
										rate change eff.
										DOS 4/1/09;
										former rates
										purchase \$48.90,
										RR \$4.89; ; PA
										for purchase and
										PA for RR
										removed eff.
893	K0017	Detach adjust armrest base		NO		Y/ month	NO	\$4.63	\$46.25	

	A	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current rev									
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		cance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price		date updated
										rate change eff. DOS 4/1/09; former rates purchase \$27.31, RR \$2.73; PA for purchase and PA
894	K0018	Detach adjust armrst upper		NO		Y/ month	NO	\$2.58		for RR removed eff. 8/1/10
005	Woods									rate change eff. DOS 4/1/09; former rates purchase \$16.43, RR \$1.64; PA for purchase and PA for RR removed
895	K0019	Arm pad each		NO		Y/ month	NO	\$1.56	\$15.55	eff. 8/1/10

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
		tes new codes or changes for the most								
4	current rev									
5		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				D 4.			
			expiration	Purchase			Rental			
			date for	PA & CMN			PA& CMN		D	
	HCDCC	Democratical	purchase or		T ::4	D4-1		D4-1 D	Purchase	1-41-4-1
9	HCPCS	Description	rental	required	Limits	Kentai	required	Rental Price	Price	date updated
										DOS 4/1/09;
										former rates
										purchase \$44.44,
										RR \$4.44; PA for
										purchase and PA
896	K0020	Fixed adjust armrest pair		NO		Y/ month	NO	\$4.21	\$42.05	for RR removed
										DOS 4/1/09;
										former rates
										purchase \$39.17;
										rate change eff.
										3/1/10 former
										rate \$3.70RR &
										\$37.04 purchase;
										PA for purchase
										and PA for RR
										removed eff.
897	K0037	high mount foot rest		NO		Y/month	NO	\$3.31	\$33.10	8/1/10

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev									
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D			D 4-1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Dontal		Rental Price	Purchase Price	date updated
<u> </u>	incres	Description	Tentai	requireu	Lillits	Kentai	required	Kentai Frice	File	date updated
										rate change
										eff.DOS 4/1/09;
										former rate
898	K0038	Leg strap each		NO		NO			\$21.96	purchase \$23.21;
		S							, , ,	rate change eff.
										DOS 4/1/09;
										former rate
899	K0039	Leg strap h style each		NO		NO			\$48.76	purchase \$51.54
										. 1
										rate change
										eff.DOS 4/1/09;
										former rates
										purchase \$71.43,
										RR \$7.14; PA for
										purchase and PA
000	770040					*7/	270	* - * -		for RR removed
900	K0040	Adjustable angle footplate		NO		Y/month	NO	\$6.76	\$67.58	eff. 8/1/10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	ision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
901	K 0041	Large size footplate each		NO		Y/month	NO	\$4.79		rate change eff. DOS 4/1/09; former rates purchase \$50.62, RR \$ 5.06; PA for purchase and PA for RR removed eff. 8/1/10
902	K0042	Standard size footplate each		NO		Y/month	NO	\$3.04		rate change eff. DOS 4/1/09; former rates purchase \$32.13, RR \$3.21; PA for purchase and PA for RR removed eff. 8/1/10

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	<u>e</u>								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	1									rate change eff.
										DOS 4/1/09;
										former rate
903	K0043	Ftrst lower extension tube		NO		NO				purchase \$18.69
										rate changeeff.
										DOS 4/1/09;
										former rate
904	K0044	Ftrst upper hanger bracket		NO		NO				purchase \$15.92
										rate change eff.
										DOS 4/1/09;
	770045			270						former rate
905	K0045	Footrest complete assembly		NO		NO				purchase \$54.16
										rate change eff.
										DOS 4/1/09;
000	170046	Elecation of the section		NO		NO				former rate
906	K0046	Elevat legrst low extension		NO		NO			\$17.67	purchase \$18.69 rate change
										eff.DOS 4/1/09;
										former rate
007	K0047	Floret lagret up hange becalt		NO		NO				
907	NUU4/	Elevat legrst up hangr brack		NU		L NO			\$69.21	purchase \$73.17

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
		tes new codes or changes for the most								
	current rev									
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change eff.
										DOS 4/1/09;
										former rate
908	K0050	Ratchet assembly		NO		NO			\$29.41	purchase \$31.09
										rate changeeff.
										DOS 4/1/09;
	*****			270					45 - 4	former rate
909	K0051	Cam release assem ftrst/lgrst		NO		NO			\$47.61	purchase \$50.33
										rate change eff.
										DOS 4/1/09;
										former rate
										purchase \$88.43,
										RR \$8.84; PA for
										purchase and PA
										for RR removed
910	K0052	Swingaway detach footrest		NO		Y/month	NO	\$8.37	\$83.66	eff 8/1/10

	А	В	С	D	Е	F	G	Н	ļ	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change eff.
										DOS 4/1/09;
	****								#02.22	former rate
911	K0053	Elevate footrest articulate		NO		NO			\$92.32	purchase \$97.59 PA for purchase
										and PA for RR
042	K0056	Seed by (17 cm) 21 land one		NO		V/	NO	¢0.10	¢00.00	removed eff
	K0056 K0065	Seat ht <17 or >=21 ltwt wc Spoke protectors		NO NO		Y/month NO	NO	\$9.10	\$90.98 \$42.54	
	K0069	Rear whl complete solid tire		NO		NO			\$95.59	
	K0007	Rear whl compl pneum tire		NO		NO			\$175.23	
	K0070	Front castr compl pneum tire		NO		NO			\$104.51	
	K0072	Frnt cstr cmpl sem-pneum tir		NO		NO			\$62.91	
	K0073	Caster pin lock each		NO		NO			\$33.29	
	K0077	Front caster assem complete		NO		NO			\$56.30	
	1								,	rate change eff.
										DOS 4/1/09;
										former rate
920	K0098	Drive belt power wheelchair D		NO		NO			\$24.63	purchase \$26.03

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										PA removed for
										purchase eff.
	K0105	IV hanger		NO		NO			\$95.12	
922	K0108	Wheelchair misc accessory NOS	Y/ 6 months	YES		NO			MSRP-22%	
										rate change eff.
										DOS 4/1/09;
										former rates
										1
										purchase\$201.60,
										RR \$20.16; PA
										RR \$20.16; PA for purchase and
										RR \$20.16; PA
										RR \$20.16; PA for purchase and
923	K0195	Elevating whlchair leg rests		NO		Y/ month	NO	\$19.07	\$190.71	RR \$20.16; PA for purchase and PA for RR removed eff

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for	Purchase PA &			Rental PA&			
_	~~		purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated code added to
										fee schedule
										01/01/2007 This
										code is valid for
										Medicare
										crossovers only.
										Please see
										clarification on
										the DME
		Temporary replacement item for pt.								Covered Services
925	K0462	owned equipment	Y/6 months	YES		Y/month	YES	M	NO	page.
		Supplies for ext. drug inf. Pump, syringe								-
926	K0552	type cartridge, sterile, each		NO		NO			\$2.12	
		AED with integrated EKG analysis,								Purchase option
927	K0606	garment, each	Y/12 months	YES		Y/month	YES	\$2,268.20	\$22,682.20	added eff 7/1/10
		W/C accessory, seat or back cushion,								
		does not meet specific code criteria or no								
000	****	written coding verification from	*****							description
928	K0669	SADMERC	Y/12 months	YES		NO			MSRP-22%	updated 7/7/08

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	rision date.								
5	_	d for rentals as indicated on the fee sch								
6		cance of a code on this fee schedule does		coverage.						
7		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HODGG	Demoderation	purchase or	CMN	T !!4	D4-1	CMN	D 4 - 1 D2	Purchase	1-4 1-4-1
9	HCPCS	Description Addition to lower extremity orthosis,	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated
		removable soft interface, all								code activated by
929	K0672	components, replacement only, each	Y/12 months	YES		NO			М	CMS 4-1-08
020	10072	components, replacement only, each	1/12 months	TES		110			141	rate set
		Controlled Dose Inhalation del. System								08/01/2007; rate
930	K0730	effective 7/1/05	Y/12 months	YES		NO			\$1,551.60	adj 1/1/09
									. ,	rate set
										08/01/2007; PA
		Battery for power chair 12-24 amp new								ended eff 12-1-
931	K0733	7/1/06		NO		NO			\$27.19	
										CMS end dated
932	K0734	W/C cushion <22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	
										CMS end dated
933	K0735	W/C cushion >22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	
004	170726	W/C cushion adj. <22" width new	V/10	MEG		X7/	MEG	MGDD 220	Made acov	CMS end dated
934	K0736	7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	12/31/10 CMS end dated
025	K0737	W/C cushion adj. >22" width new	V/12 months	YES		V/month	YES	MCDD 220/	MCDD 220/	
933	NU/3/	7/1/06	Y/12 months	TES		Y/ month	IES	MSRP-22%	MSRP-22%	code added to
		Prt. O2 home compressor to fill prt.								fee schedule
936	K0738	Tanks incl. all supplies	Y/12 months	YES		Y/ month	YES	\$51.63	NO	
550	110/30	ranks mer, an supplies	1/12 months	ILD		1 / IIIOIIIII	ILD	ψυ1.0υ	NO	01/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	•	rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TTORGO	D 1.4	purchase or	CMN	- • •,	D 4 I	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Repair of DME equipment, other than	X7/101							D 4
		oxygen, requiring the skill of a	Y/12 months							PA requirement
027	K0739	technician, labor component, per 15 minutes. 1 unit =15 minutes	if PA	VEC \$500		NO			¢12.41	changed to >\$500 eff 8/1/10
937	K0/39	minutes. 1 unit =15 minutes	required	YES> \$500		NO			\$13.41	code added to
										fee schedule
038	K0800	POV Grp 1 pt. wt. <=300 lbs	Y/12 months	YES		Y/ month	YES	\$116.35	\$1,163.49	01/01/2007
330	KOOOO	1 0 v Gip i pt. wt. \=300 ibs	1/12 months	ILS		17 IIIOIItii	ILS	ψ110.55	ψ1,103.47	code added to
		POV Grp. 1 Hvy Duty. Pt. wt 301-450								fee schedule
939	K0801	lbs.	Y/12 months	YES		Y/ month	YES	\$187.58	\$1,875.80	01/01/2007
										code added to
		POV Grp. 1 Very Hvy Duty pt. wt. 451-								fee schedule
940	K0802	600 lbs.	Y/12 months	YES		Y/ month	YES	\$212.28	\$2,122.79	01/01/2007
										code added to
										fee schedule
941	K0806	POV Grp. 2 stand. Pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$140.75	\$1,407.52	01/01/2007
										code added to
										fee schedule
942	K0807	POV, Grp. 2, Hvy. Duty 301-450 lbs	Y/12 months	YES		Y/ month	YES	\$213.58	\$2,135.75	01/01/2007

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added to
		POV, Grp. 2, Very Hvy. Duty 451-600								fee schedule
943	K0808	lbs.	Y/12 months	YES		Y/ month	YES	\$330.44	\$3,304.44	01/01/2007
										code added to
										fee schedule
944	K0812	POV, NOC	Y/12 months	YES		Y/ month	YES	M	M	
										code added to
		Pwr. WC Grp. 1, stand., port. Sling/solid								fee schedule
945	K0813	seat & back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$200.55	\$2,005.47	01/01/2007
										code added to
 	L	Pwr. WC Grp. 1 stand. Port. Captain's								fee schedule
946	K0814	chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$252.68	\$2,526.84	01/01/2007
										code added to
		Pwr. WC Grp 1 stand.sling/sol. Seat &							** ** * * * * * * * * * * * * * * * * *	fee schedule
947	K0815	back, pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$310.42	\$3,104.19	01/01/2007
		B. W.C.C. 1								code added to
0.40	170015	Pwr. WC Grp 1 stand. captain's chair, pt.	XX/10	*****		***	1750	000500	da 0.53.00	fee schedule
948	K0816	wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$296.29	\$2,962.89	01/01/2007
		D WGG Q								code added to
0.46	170020	Pwr. WC Grp 2 stand. Port. Sling/solid	XX/10	T.TEG		***	TABLE .	#225 G 5	Φ 2.2 50.51	fee schedule
949	K0820	seat/back <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$225.86	\$2,258.64	01/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added to
		Pwr. WC Grp 2 stand. Port. Captain's								fee schedule
950	K0821	chair, pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$248.18	\$2,481.84	01/01/2007
										code added to
		Pwr. WC Grp 2 stand. Sling/solid								fee schedule
951	K0822	seat/back pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$352.17	\$3,521.70	01/01/2007
										code added to
050	******	Pwr. WC Grp 2 stand. Captain's chair,	***	TIEG		**/	******	***	*2.772.57	fee schedule
952	K0823	pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$355.37	\$3,553.65	01/01/2007 code added to
		Down W.C. Com 2 Hours dotter all a s/s all d								
050	120024	Pwr. WC Grp 2 Hvy duty sling/solid	X/12	VEC		X7 /	MEG	¢420.21	¢4 202 10	fee schedule
903	K0824	seat/back pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$428.31	\$4,283.10	01/01/2007 code added to
		Pwr. WC Grp. 2 Hvy duty captain's								fee schedule
954	K0825	chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$355.68	\$3,556.80	01/01/2007
334	110023	Chan, pt. wt. 501-450 lbs.	1/12 monuis	1123		1 / IIIOIIIII	ILO	φυυυ.υσ	ψυ,υυ.ου	code added to
		Pwr. WC Grp 2, very hvy duty,								fee schedule
955	K0826	sling/solid seat/back pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$556.71	\$5,567.13	01/01/2007
	110020	omig sond sour ouck pr. wr. 151 000 105.	1,12 months	1 LO		1/ month	ILD	ψ330.71	ψ5,507.15	code added to
		Pwr. WC, Grp. 2 very hvy duty, captain's								fee schedule
956	K0827	chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$425.31	\$4,253.13	01/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added to
		Pwr. WC, Grp. 2 xhvy duty, sling/solid								fee schedule
957	K0828	seat/back pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	YES	\$614.20	\$6,141.96	01/01/2007
										code added to
		Pwr. WC Grp. 2 Hvy duty captain's								fee schedule
958	K0829	chair, pt. wt. 601 > lbs.	Y/12 months	YES		Y/ month	YES	\$506.14	\$5,061.42	01/01/2007
										code added to
050	*****	Pwr. WC Grp. 2 stand. Seat elev.	***	TIEG		**/	******	#200.22	#2 002 24	fee schedule
959	K0830	Sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$398.33	\$3,983.31	01/01/2007
		Daw WC Con 2 stand Cont also								code added to fee schedule
060	V0021	Pwr. WC Grp. 2 stand. Seat elev.	V/12	VEC		V/	VEC	\$200.22	¢2 002 21	
900	K0831	Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$398.33	\$3,983.31	01/01/2007 code added to
		Pwr. WC Grp. 2, stand. Single pwr. Opt.								fee schedule
961	K0835	sling/solid seat/back pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$364.48	\$3,644.82	01/01/2007
301	120033	sing sond scar back pt. wt. \=300 lbs.	1/12 months	1123		1 / IIIOIIIII	ILO	φ	φυ,044.62	code added to
		Pwr. WC Grp. 2 stand. Single pwr. Opt.								fee schedule
962	K0836	Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$371.16	\$3,711.60	01/01/2007
1002	110050	Pwr. WC Grp. 2 hvy. Duty, single pwr	1,12 months	1120		17 monus	ILD	ψ3/1.10	ψ3,711.00	code added to
		opt. sling/solid seat/back, pt. wt. 301-								fee schedule
963	K0837	450 lbs.	Y/12 months	YES		Y/ month	YES	\$428.31	\$4,283.10	01/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re	_							
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HCDCG	D	purchase or	CMN	T,	D 4 1	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated code added to
		Pwr. WC Grp. 2 hvy. duty, single pwr								fee schedule
964	K0838	opt. Captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$386.51	\$3,865.14	01/01/2007
304	K0030	Pwr. WC, Grp. 2, very hvy. Duty single	1/12 months	113		17 IIIOIIIII	ILS	ψ300.31	ψ3,003.14	code added to
		pwr. Opt.,sling/solid back, pt. wt. 401-								fee schedule
965	K0839	600 lbs.	Y/12 months	YES		Y/ month	YES	\$556.71	\$5,567.13	01/01/2007
									,	code added to
		Pwr. WC, Grp. 2, xhvy. Duty, single								fee schedule
966	K0840	pwr. Opt. pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	YES	\$751.55	\$7,515.54	01/01/2007
										code added to
										fee schedule
										01/01/2007; rate
										change eff. DOS
		Pwr. WC Grp. 2 stand.multi-pwr. Opt.								4/1/09; former
967	K0841	sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$390.83	\$3,908.30	rates purchase

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	e e e e e e e e e e e e e e e e e e e								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6		ance of a code on this fee schedule does		coverage.						
7	If a quantit	y limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	1									code added to
										fee schedule
										01/01/2007; rate
										change DOS
										3/1/10 from
										purchase
		Pwr. WC, Grp. 2, multi-pwr., Captain's								\$4096.35/RR
968	K0842	chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$390.83	\$3,908.30	\$409.64
		Pwr. WC, Grp. 2, hvy. Duty, multi-pwr.								code added to
		Opt.,sling/solid seat/back,pt. wt. 301-450								fee schedule
969	K0843	lbs.	Y/12 months	YES		Y/ month	YES	\$457.94	\$4,579.38	01/01/2007
		D WG G G G G G G G G G G G G G G G G G G								code added to
076	*****	Pwr. WC Grp. 3, stand. Sling/solid	*****	1				0457.50	** • • • • • • • • • • • • • • • • • •	fee schedule
970	K0848	seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$465.58	\$4,655.79	01/01/2007
		B WG G 2 4 1 G 4 1 1 1								code added to
074	1700.40	Pwr. WC, Grp. 3, stand., Captain's chair,	X7/10 :1	TITIO		X7/ .4	3 777.0	044740	Φ4 4 5 4 00	fee schedule
9/1	K0849	pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	\$447.49	\$4,474.89	01/01/2007
		Description of the National State of the Park								code added to
070	170050	Pwr. WC, Grp. 3, hvy. Duty, sling/solid	X7/12	VEC		37/	VEC	051670	¢5 1 <i>6</i> 7 00	fee schedule
9/2	K0850	seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$516.79	\$5,167.89	01/01/2007

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										code added to
		Pwr. WC, Grp. 3, hvy. Duty, captain's								fee schedule
973	K0851	chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$496.73	\$4,967.28	01/01/2007
		Pwr. WC, Grp. 3, very hvy.								code added to
		Duty,sling/solid seat/back, pt. wt. 451-								fee schedule
974	K0852	600 lbs.	Y/12 months	YES		Y/ month	YES	\$627.39	\$6,273.90	01/01/2007
		D W/G 1 D								code added to
	*****	Pwr. WC, very hvy. Duty, captain's	***	TIEG		**/	**************************************	\$544.75	\$5.447.50	fee schedule
9/5	K0853	chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	\$644.76	\$6,447.60	01/01/2007
		D - WC C- 2 1 D - 1'/-1'1								01/01/2007 wt
070	170054	Pwr. WC, Grp. 3 xhvy. Duty, sling/solid	X/12	MEG		X7 / 11	MEG	¢920.40	¢0.204.04	limit corrected
9/6	K0854	seat/back, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	YES	\$820.40	\$8,204.04	7/2/07 01/01/2007 wt
		Pwr. WC, Grp. 3, xhvy duty, captain's								limit corrected
077	K0855	chair, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	YES	\$767.28	\$7,672.77	7/2/07
911	KUOJJ	Pwr. WC, Grp. 3, stand., single pwr.	1/12 IIIOIIIIS	1 E3		1/ IIIOIIII	IES	\$101.28	\$1,014.11	code added to
		Opt. sling/solid seat back, pt. wt.,<=300								fee schedule
978	K0856	lbs.	Y/12 months	YES		Y/ month	YES	\$500.52	\$5,005.17	01/01/2007
310	120020	105.	1/12 IIIOIIIIS	1123		1 / monu	ILO	φ500.32	φυ,005.17	code added to
		Pwr. WC, Grp. 3, stand., single pwr.								fee schedule
979	K0857	Opt. capt. chair pt. wt.,<=300 lbs.	Y/12 months	YES		Y/ month	YES	\$466.78	\$4,667.76	01/01/2007

	А	В	С	D	E	F	G	Н	l	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Pwr. WC, Grp. 3, hvy. Duty, single pwr.								code added to
		Opt., sling/solid seat/back, pt. wt. 301-								fee schedule
980	K0858	450 lbs.	Y/12 months	YES		Y/ month	YES	\$623.36	\$6,233.58	01/01/2007
										code added to
		Pwr. WC, Grp. 3, single pwr. Opt., capt.								fee schedule
981	K0859	Chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	\$583.45	\$5,834.52	01/01/2007
		Pwr. WC, Grp. 3, very hvy.								code added to
	****	Duty, sling/solid seat/back, pt. wt. 451-	***	******		TT/ 1	******	407.607	40 5 60 60	fee schedule
982	K0860	600 lbs.	Y/12 months	YES		Y/ month	YES	\$876.07	\$8,760.69	01/01/2007
		Pwr. WC, Grp. 3 stand., multi-pwr.								code added to
000	170071	Opt.,sling/solid seat/back, pt. wt. <=300	37/10 4	MEG		3 7/ .1	MEG	Ø501-21	Φ 5 012 00	fee schedule
983	K0861	lbs. Pwr. WC, Grp. 3, hvy. Duty, multi-pwr.	Y/12 months	YES		Y/ month	YES	\$501.31	\$5,013.09	01/01/2007 code added to
001	K0862	Opt.,sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		V/month	YES	\$600.00	\$6 022 5 0	fee schedule 01/01/2007
904	NU802	Pwr. WC, Grp. 3, very hvy. Duty,multi-	1/12 Inonuis	1 ES		Y/ month	1ES	\$623.36	\$6,233.58	code added to
		pwr.sling/solid seat/back, pt. wt. 451-								fee schedule
985	K0863	600 lbs.	Y/12 months	YES		Y/ month	YES	\$876.07	\$8,760.69	01/01/2007
303	170002	Pwr. WC, Grp. 3, xhvy duty, multi-	1/12 IIIOIIIIS	1123		1/ monun	ILO	φο/υ.υ/	φο, / υυ.υ9	code added to
		pwr.opt.,sling/solid seat/back, pt.								fee schedule
986	K0864	wt.600> lbs.	Y/12 months	YES		Y/ month	YES	\$1,042.50	\$10,424.97	01/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	11					
	Red indicat	tes new codes or changes for the most								
4	current rev	e e e e e e e e e e e e e e e e e e e								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	ance of a code on this fee schedule does	s not guarantee	e coverage.						
7		y limit is exceeded, a CMN & PA are r								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration date for	Purchase PA &			Rental			
			purchase or	CMN			PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Purchase Price	date updated
<u> </u>	iici cs	Description	Tentai	requireu	Limits	Kentai	requireu	Kentai i ite	Tite	uate upuateu
		Pwr. WC, group 4 standard, sling/solid								added eff. DOS
987	K0868	seat back, pt. wt =<300 lbs.	Y/12 months	YES		Y/ month	YES	M	M	11/1/09 and after
		, I								
		Pwr. WC, group 4 standard, captain's								added eff. DOS
988	K0869	chair, pt. wt =<300 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		Pwr. WC, group 4, heavy duty,								added eff. DOS
989	K0870	sling/solid seat bak, pt wt. 301-450 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		Pwr. WC, group 4, very heavy duty,								added eff. DOS
aan	K0871	sling/solid seat bak, pt wt. 451-600 lbs.		YES		Y/ month	YES	M	М	11/1/09 and after
330	K0071	Pwr. WC, group 4, standard, single		1123		1 / IIIOIItii	ILS	IVI	1V1	11/1/09 and arter
		power option, sling/solid seat back, pt.								added eff. DOS
991	K0877	wt. =<300 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		Pwr. WC, group 4, standard, single								
		power option, captain's chair, pt. wt.								added eff. DOS
992	K0878	=<300 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		Pwr. WC, group 4, heavy duty, single								
		power option, sling/solid seat bak, pt wt.								added eff. DOS
993	K0879	301-450 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarante	e coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are ro	equired.							
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Pwr. WC, group 4, very heavy duty,								
		single power option, sling/solid seat bak,								added eff. DOS
994	K0880	pt wt. 451-600 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		pwr. WC, sgroup 4, standard, multi								
		power option, sling/solid seat back, pt.								added eff. DOS
995	K0884	wt. =<300 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		Pwr. WC, group 4, standard, multi								
		power option, captain's chair, pt. wt.								added eff. DOS
996	K0885	=<300 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
		Pwr. WC, group 4 heavy duty, multi								
		power option, sling/solid seat back, pt.								added eff. DOS
997	K0886	wt. 301-450 lbs.		YES		Y/ month	YES	M	M	11/1/09 and after
										code added to
	****	PWR. WC. Grp.5, ped. Sling/solid seat								fee schedule
998	K0890	back pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	YES	M	M	0 - 1 0 - 1 - 0 0 1
		D WGG 5 1 1								code added to
	170001	Pwr. WC Grp. 5, ped.multi-pwr,	X7/10	T/TF/C		***	T/TEG			fee schedule
999	K0891	sling/solid seat/back, pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	YES	M	M	0 -
										code added to
1,000	170000	D. W. H. W. W.	X7/10	T/TF/C		X7/	T/TEG			fee schedule
1000	K0898	Pwr. Mobility device NOC	Y/12 months	YES		Y/ month	YES	M	M	01/01/2007

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10: rev 12/1	10: rev 1/1/1	11					
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١,		tes new codes or changes for the most								
		vision date.	1 1							
5 6		ed for rentals as indicated on the fee schorance of a code on this fee schedule does								
	•	ty limit is exceeded, a CMN & PA are re		coverage.						
		t regulation, any item \$500 or over requi								
۳	Dy Current	Tegulation, any item \$500 or over requi	CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Cranial cervical orthosis, torticollis type,		-			-			1
		w/wo joint, w/o soft interface, prefab.								CMS addition
1001	L0113	Incl. fitting & adj.	Y/12 months	YES		NO			M	1-1-09
1002	L0120	Cerv flexible non-adjustable		NO		NO			\$21.60	
		Flex thermoplastic collar molded to								
1003	L0130	patient	Y/12 months	YES		NO			\$156.19	
	L0140	Cervical semi-rigid adjustab		NO		NO			\$53.90	
1005	L0150	Cerv semi-rig adj molded chn		NO		NO			\$89.88	
1000	I 01 60			NO		NO			¢127.06	
1006	L0160	Cerv semi-rig wire occ/mand		NO		NO			\$127.96	
1007	L0170	Cervical collar molded to pt	Y/ 12 months	YES		NO			\$541.49	
	L0172	Cerv col thermplas foam 2 piece		NO		NO			\$109.80	
1009	L0174	Cerv col foam 2 piece w thor		NO		NO			\$197.24	
1010	L0180	Cer post col occ/man sup adj		NO		NO			\$268.26	
										PA removed eff.
1011	L0190	Cerv collar supp adj cerv ba		NO	1 per year	NO			\$403.80	8/1/10

	А	В	С	D	Е	F	G	Н	ı	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/	11					
		tes new codes or changes for the most								
	current re									
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration	Purchase			Rental			
			date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
Ť		Description	Tentur	required	Zinits	Kentur	required	Rental Trice	11100	PA removed eff.
1012	L0200	Cerv col supp adj bar & thor		NO	1 per year	NO			\$370.78	
10.1	20200	correspond our country		1,0	r per year	110			4270170	0/1/10
1013	L0220	Thor rib belt custom fabrica	Y/12 months	YES		NO			\$87.94	
									, , , , ,	
		Cainel authoric Daniell acatum autoric								
1014	L0430	Spinal orthosis, Dewall posture protector CODE REACTIVATED 1/1/05	Y/12 months	YES		NO			\$1,073.89	
1014	L0430	CODE REACTIVATED 1/1/03	1/12 IIIOIIIIS	1 ES		NO			\$1,073.89	
		TLSO flexible, provides trunk support,								
1015	L0450	uper thoracic region, prefab		NO		NO			\$145.17	
		TI SO flavible provides trunk support								
	I	TESO HEARDIE, PROVIDES TRUIK SUPPORT,				l	1	1		l
1015	L0450	TLSO flexible, provides trunk support, uper thoracic region, prefab TLSO flexible, provides trunk support,		NO		NO			\$145.17	

	А	В	С	D	Е	F	G	Н	l	J
1	MEDICAL	ID PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	ates new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7		ity limit is exceeded, a CMN & PA are re								
8	By curren	t regulation, any item \$500 or over requ								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1017	L0454	TLSO, Flexible, provides trunk support, sacrococcygeal juntion to T-9, prefab		NO		NO			\$188.81	
1018	L0456	TLSO, flexible thoracic region, prefab		YES		NO			\$755.69	ratechange 8/1/2007
1019	L0460	TLSO, triplanar control prefab	Y/12 months	YES		NO			\$762.71	added to fee schedule 8/13/2007
1020	L0462	TLSO, triplanar control, prefab	Y/12 months	YES		NO			\$909.58	rate set 01/02/2007
	L0464	TLSO, triplanar control 4 piece rigid plastic with interface, prefab	Y/12 months	YES		NO NO			\$962.52 \$205.00	
1022	L0466	TLSO Sagittal control, prefab		NO		NO			\$295.09	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1023	L0468	TLSO sagittal-coronol control, rigid posterior frame		NO	1 per year	NO			\$332.39	PA removed eff. 8/1/10
1024	L0470	TLSO triplanar control		NO	1 per year	NO			\$369.97	PA removed eff. 8/1/10
1025	L0472	TLSO, triplanar control, hyperextension prefab		NO	1 per year	NO			\$330.63	PA removed eff. 8/1/10
1026	L0480	TLSO, triplanar control, one piece rigid plastic shell	Y/12 months	YES		NO			\$964.69	rate set 01/02/2007
	L0482 L0484	TLSO, triplanor, custom fabricated, one piece rigid plastic shell, each TLSO, triplanor control, two piece	Y/12 months Y/12 months	YES YES		NO NO			\$1,073.89 \$1,366.56	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	/3/10; rev 12/1	10; rev 1/1/	11					
	Red indica	tes new codes or changes for the most								
	current rev									
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	res a PA. CMN							
			expiration date for	Purchase PA &			Rental PA&			
	HCDCG	D:	purchase or	CMN	T,	D 4 1	CMN	D (1D)	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1029	L0486	TLSO, triplanor control 2 piece rigid plastic with interface, custom	Y/12 months	YES		NO			\$1,353.74	
1030	L0488	TLSO triplanor, one piece, prefab	Y/12 months	YES		NO			\$913.86	rate change 3/1/10 from \$1172.02
1031	L0490	TLSO sagittal coronal control one piece prefab		NO		NO			\$214.93	rate change 08/01/2007; PA ended eff. 12-1- 09
1032	L0491	TLSO 2 rigid plastic shells, pre fab	Y/12 months	YES		NO			\$621.62	
	L0492	TLSO 3 rigid plastic shells, pre fab		NO	1 per year	NO			\$402.87	PA removed eff.
1034	L0621	Sacroiliac orthosis, flexible, pre fab		NO		NO			\$72.17	
1035	L0622	Sacroiliac orthosis, flexible, custom	Y/12 months	YES		NO			\$195.70	
1036	L0623	Sacroiliac orthosis, rigid or semi-rigid, pre fab	Y/12 months	YES		NO			M	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4		vision date.								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	5	purchase or	CMN			CMN	D	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1027	11.0624	Sacroiliac orthosis, rigid or semi-rigid,	V/12	YES		NO			М	
1037	L0624	Custom Lumbar orthosis, flexible, pre fab	Y/12 months	TES		NO			M	
1038	L0625	M pricing until 9/1/06		NO		NO			\$44.60	
1030	L0023	Lumbar orthosis, sagittal control, pre fab		NO		NO			\$ 44.00	
1039	L0626	M pricing until 9/1/06		NO		NO			\$63.10	
1000	E0020	premg until 5/ 1/00		110		110			ψ03.10	
		Lumbar orthosis, sagittal control with								
		rigid ant./post. Panels, pre fab M pricing								PA removed eff.
1040	L0627	until 9/1/06		NO		NO			\$332.72	8/1/10
		Lumbar-sacral orthosis, flexible, pre fab							, = ==	
1041	L0628	M pricing until 9/1/06		NO		NO			\$67.89	
1042	L0629	Lumbar-sacral orthosis, flexible, custom	Y/12 months	YES		NO			M	
		Lumbar-sacral orthosis, sag. Control, pre								
1043	L0630	fab M pricing until 9/1/06		NO		NO			\$131.07	

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2										
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	Red indica	ates new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
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		ity limit is exceeded, a CMN & PA are re								
8	By curren	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Lumbar-sacral orthosis, sagittal control,								
1044	L0631	pre fab M pricing until 9/1/06	Y/12 months	YES		NO			\$830.92	
		Lumbar-sacral orthosis, sag. Control,								
1045	L0632	rigid ant./post. Custom	Y/12 months	YES		NO			M	
		Lumbar-sacral orthosis, sag. Control,								
		rigid post., pre fab M pricing until								
1046	L0633	9/1/06		NO		NO			\$232.10	
		Lumbar-sacral orthosis, sag. Control,								
1047	L0634	rigid post., custom	Y/12 months	YES		NO			M	
		Lumbar-sacral orthosis, sag-coronal								
1048	L0635	control, prefab m pricing until 9/1/06	Y/12 months	YES		NO			\$688.57	
		Lumbar-sacral orthosis, sag-coronal								
1049	L0636	control, custom	Y/12 months	YES		NO			\$1,143.02	
		Lumbar-sacral orthosis, sag-coronal								
		control, rigid ant/post., prefab M								
1050	L0637	pricing until 9/1/06	Y/12 months	YES		NO			\$1,101.92	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
		ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
7	_	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN				D (1			
			expiration	Purchase			Rental			
			date for	PA & CMN			PA& CMN		D	
9	HCDCC	Description	purchase or		T ::4~	Domtol		Dantal Drias	Purchase Price	do40do40.d
-	HCPCS	Description	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated
		T miles and and an analysis and a								
		Lumbar-sacral orth, sag-coronal control,								
1051	L0638	rigid ant./post., custom M pricing until 9/1/06	Y/12 months	YES		NO			\$1,067.55	
1051	L0038	Lumbar-sacral orthosis, sagcoronal	1/12 Monuis	IES		NO			\$1,067.33	
		control, rigid post. Prefab M pricing								
1052	L0639	until 9/1/06	Y/12 months	YES		NO			\$1,101.92	
1002	20037	Lumbar-sacral orthosis, sag-coronal	1712 Mondis	125		110			Ψ1,101.52	
		control, rigid post., custom M pricing								
1053	L0640	until 9/1/06	Y/12 months	YES		NO			\$846.98	
1054	L0700	Ctlso a-p-l control molded	Y/ 12 months	YES		NO			\$1,662.23	
1055	L0710	Ctlso a-p-l control w/ inter	Y/ 12 months	YES		NO			\$1,814.43	
	L0810	Halo cervical into jckt vest	Y/ 12 months	YES		NO			\$1,927.56	
	L0820	Halo cervical into body jack	Y/ 12 months	YES		NO			\$1,559.32	
	L0830	Halo cerv into milwaukee typ	Y/ 12 months	YES		NO			\$2,251.49	
	L0970	Tlso corset front		NO		NO			\$82.06	
	L0972	Lso corset front		NO		NO			\$83.88	
	L0974	Tlso full corset		NO		NO			\$171.40	
	L0976	Lso full corset		NO		NO			\$153.07	
	L0978	Axillary crutch extension		NO		NO			\$138.21	
1064	L0980	Peroneal straps pair		NO		NO			\$12.53	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1065	L0982	Stocking supp grips set of 4		NO		NO			\$13.66	
	L0984	Protective body sock each		NO		NO			\$43.58	
1067	L0999	Addition to spinal orthosis, NOS	Y/12 months	YES		NO			M	
1068	L1000	Ctlso milwauke initial model	Y/ 12 months	YES		NO			\$1,457.71	
										code added
	L1001	Cervical TLSO, infant, prefab	YES	YES		NO			M	01/02/2007
	L1010	Ctlso axilla sling		NO		NO			\$58.70	
	L1020	Kyphosis pad		NO		NO			\$80.20	
	L1025	Kyphosis pad floating		NO		NO			\$91.15	
	L1030	Lumbar bolster pad		NO		NO			\$60.90	
	L1040	Lumbar or lumbar rib pad		NO		NO			\$73.31	
	L1050	Sternal pad		NO		NO			\$63.48	
	L1060	Thoracic pad		NO		NO			\$71.59	
	L1070	Trapezius sling		NO		NO			\$73.19	
	L1080	Outrigger		NO		NO			\$50.71	
	L1085	Outrigger bil w/ vert extens		NO		NO			\$140.90	
	L1090	Lumbar sling		NO		NO			\$65.82	
1081	L1100	Ring flange plastic/leather		NO		NO			\$116.18	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	rision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
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		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										\$196.79 former
										l '
										rate change effective 1/15/08;
		D' Cl								PA ended eff. 12-
4000	T 1110	Ring flange plas/leather molded to		NO		NO			¢177.70	
	L1110 L1120	patient Covers for upright each		NO NO		NO NO			\$176.79 \$31.35	
	L1120 L1200	Furnsh initial orthosis only	Y/ 12 months	YES		NO			\$1,247.80	
	L1200 L1210	Lateral thoracic extension	1/ 12 monuis	NO		NO			\$1,247.80	
	L1210 L1220	Anterior thoracic extension		NO		NO			\$157.88	
1000	L1220	Anterior thoracic extension		NO		NO			\$139.00	PA removed eff.
1087	L1230	Milwaukee type superstructur		NO		NO			\$408.15	
	L1240	Lumbar derotation pad		NO		NO			\$70.25	
	L1250	Anterior asis pad		NO		NO			\$69.16	
	L1260	Anterior thoracic derotation pad		NO		NO			\$71.07	
	L1270	Abdominal pad		NO		NO			\$70.97	
1092	L1280	Rib gusset (elastic) each		NO		NO			\$63.28	
1093	L1290	Lateral trochanteric pad		NO		NO			\$71.74	
1094	L1300	Body jacket mold to patient	Y/ 12 months	YES		NO			\$1,199.37	
1095	L1310	Post-operative body jacket	Y/ 12 months	YES		NO			\$1,234.16	
1096	L1499	Spinal orthosis NOS	Y/ 12 months	YES		NO			M	

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8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L1500	Thkao mobility frame	Y/ 12 months	YES		NO			\$1,363.83	
	L1510	Thkao standing frame	Y/ 12 months	YES		NO			\$862.81	
	L1520	Thkao swivel walker	Y/ 12 months	YES		NO			\$2,049.32	
	L1600	Abduct hip flex frejka w cvr		NO		NO			\$92.52	
	L1610	Abduct hip flex frejka covr		NO		NO			\$31.52	
	L1620	Abduct hip flex pavlik harne		NO		NO			\$103.81	
1103	L1630	Abduct control hip semi-flex		NO		NO			\$123.87	
1104	L1640	Pelv band/spread bar thigh c		NO		NO			\$331.31	PA removed eff. 8/1/10
1105	L1650	HO abduction hip adjustable		NO		NO			\$175.69	
1106	L1660	HO abduction static plastic		NO		NO			\$122.87	
	L1680	Pelvic & hip control thigh c	Y/ 12 months	YES		NO			\$1,010.22	
	L1685	Post-op hip abduct custom fa	Y/ 12 months	YES		NO			\$1,065.95	
	L1686	HO post-op hip abduction	Y/ 12 months	YES		NO			\$715.11	
	L1690	Combination bilateral LS/hip/femur	Y/ 12 months	YES		NO			\$1,492.95	
	L1700	Legg perthes orth toronto typ	Y/ 12 months	YES		NO			\$1,242.04	
	L1710	Legg perthes orth newington	Y/ 12 months	YES		NO			\$1,459.94	
	L1720	Legg perthes orthosis trilat	Y/ 12 months	YES		NO			\$1,078.46	
	L1730	Legg perthes orth scottish r	Y/ 12 months	YES		NO			\$813.69	
	L1755	Legg perthes patten bottom t	Y/ 12 months	YES		NO			\$1,184.31	
1116	L1810	KO elastic with joints		NO		NO			\$93.48	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	l0; rev 1/1/1	 l1					
		tes new codes or changes for the most								
4	current re									
		ed for rentals as indicated on the fee sch	dulo							
6		rance of a code on this fee schedule does		COVERSOR						
		ty limit is exceeded, a CMN & PA are re		coverage.						
		t regulation, any item \$500 or over requi								
٣	2) carren	Together, any remi we wo or over requi	CMN			1				
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1117	L1820	KO elas w/ condyle pads & jo		NO		NO	-		\$93.09	_
1118	L1830	KO immobilizer canvas longit		NO		NO			\$77.88	
		KO locking knee joint pre fab incl.								
	L1831	Fitting and adj.	Y/12 months	NO		NO			\$190.58	
	L1832	KO adj jnt pos rigid support	Y/ 12 months	YES		NO			\$582.03	
	L1834	KO w/0 joint rigid molded to	Y/ 12 months	YES		NO			\$684.74	
1122	L1840	KO derot ant cruciate custom	Y/ 12 months	YES		NO			\$719.78	
		KO single upright thigh & calf-								description
	L1843	prefabricated, each	Y/ 12 months	YES		NO				updated 1/09
	L1844	KO w/adj jt rot cntrl molded	Y/ 12 months	YES		NO			\$1,200.34	
	L1845	KO w/ adj flex/ext rotat cus	Y/ 12 months	YES		NO			\$723.15	
1126	L1846	KO w adj flex/ext rotat mold	Y/ 12 months	YES		NO			\$906.34	
1407	T 10.47	WO II ALL I		NO		NO			0.444.0 5	PA removed eff.
1127	L1847	KO adjustable w air chambers		NO		NO			\$444.06	8/1/10
	L1850	KO swedish type		NO		NO			\$206.67	
	L1860	KO supracondylar socket mold	Y/ 12 months	YES		NO			\$801.59	
	L1900	AFO sprng wir drsflx calf bd		NO		NO			\$217.15	
	L1902	AFO ankle gauntlet		NO		NO			\$58.97	
	L1904	AFO molded ankle gauntlet	Y/ 12 months	YES		NO			\$337.64	
1133	L1906	AFO multiligamentus ankle su		NO		NO			\$98.67	

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev									
	•	ed for rentals as indicated on the fee scho								
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	~~		purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	T 1007	supramalleolar w/straps w/wo	XX/10 .1	Y/TEG		NO			Φ2.c.1.27	
	L1907	interface/pads, custom fabricated	Y/12 months	YES		NO			\$364.37	
	L1910 L1920	AFO sing bar clasp attach sh		NO		NO NO			\$192.01	
1130	L1920	AFO sing upright w/ adjust s AFO plastic or other material, includes		NO		NO			\$251.01	
1127	L1930	fitting & adjustment		NO		NO			\$169.85	
1137	L1930	AFO, rigid anterior tibial section, pre fab,		NO		NO			\$109.83	rate change
1138	L1932	incl. Fitting & adj.	Y/12 months	YES		NO			\$650.05	01/02/2007
	L1932	AFO, plastic or other material custom	Y/ 12 months	YES		NO			\$383.85	01/02/2007
	L1945	AFO molded plas rig ant tib	Y/ 12 months	YES		NO			\$704.90	
	L1950	AFO spiral molded to pt plas	Y/ 12 months	YES		NO			\$534.80	
<u> </u>		spiral, IRM type, plastic or other		120		1,0			422 1.00	
1142	L1951	material prefab, incl. Fitting and adj.	Y/12 months	YES		NO			\$543.82	
	1	,							, , , , , , ,	
1143	L1960	AFO pos solid ank plastic mo; custom	Y/ 12 months	YES		NO			\$397.98	
1144	L1970	AFO plastic molded w/ankle j	Y/ 12 months	YES		NO			\$588.64	
		plastic or other material w/ankle joint,								PA removed eff.
	L1971	prefab, incl. Fitting and adj.		NO		NO			\$303.52	8/1/10
	L1980	AFO sing solid stirrup calf custom	Y/12 months	YES		NO			\$263.51	
	L1990	AFO doub solid stirrup calf; custom	Y/ 12 months	YES		NO			\$338.57	
1148	L2000	KAFO using fre stirr thi/calf; custom	Y/ 12 months	YES		NO			\$728.26	

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	Red indica	tes new codes or changes for the most								
4	current rev									
	_	ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D			Dor: 4-1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Dontal		Rental Price	Price	date updated
F	neres	KAFO any material, single or dbl.	Tentai	requireu	Lillits	Kentai	requireu	Kentai i i ice	TILLE	uate upuateu
		Upright includes ankle joint custom								rate change
1149	L2005	fabricated	Y/12 months	YES		NO			\$2,985.10	_
1110	22000	KAFO single upright, free ankle, solid	1,12 mondis	125		1,0			\$2,700.110	01/02/2007
1150	L2010	stirrup	Y/ 12 months	YES		NO			\$663.87	
1151	L2020	KAFO dbl solid stirrup band/	Y/ 12 months	YES		NO			\$838.37	
1152	L2030	KAFO dbl solid stirrup w/o j	Y/ 12 months	YES		NO			\$727.36	
		KAFO full plastic, single upright, w/wo								rate set
	L2034	free motion knee,custom fabricated	Y/12 months	YES		NO			\$1,560.11	08/01/2007
	L2035	KAFO plastic pediatric size		NO		NO			\$133.74	
	L2036	KAFO plas doub free knee mol	Y/ 12 months	YES		NO			\$1,332.12	
	L2037	KAFO plas sing free knee mol	Y/ 12 months	YES		NO			\$1,227.64	
	L2038	KAFO w/o joint multi-axis an	Y/ 12 months	YES		NO			\$1,026.55	
	L2040	Hkafo torsion bil rot straps	V/ 12 1:	NO		NO			\$131.12	
	L2050 L2060	Hkafo torsion cable hip pelv; custom Hkafo torsion ball bearing j; custom	Y/ 12 months Y/ 12 months	YES YES		NO NO			\$349.21 \$448.19	
	L2000 L2070	Hkafo torsion unilat rot str; custom	Y/12 months	YES		NO			\$448.19 \$128.74	
1101	L2070	Tikato torsion unitat fot sti, custom	1/12 months	1 Lo		NO			φ120.74	
	L2080	Hkafo unilat torsion cable, custom	Y/ 12 months	YES		NO			\$274.55	
	L2090	Hkafo unilat torsion ball br, custom	Y/ 12 months	YES		NO			\$338.43	
1164	L2106	AFO tib fx cast plaster mold, custom	Y/ 12 months	YES		NO			\$488.18	

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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1165	L2108	AFO tib fx cast molded to pt	Y/ 12 months	YES		NO			\$767.15	
										PA removed eff.
1166	L2112	AFO tibial fracture soft, pre-fab		NO		NO			\$364.26	
1										PA removed eff.
	L2114	AFO tib fx semi-rigid, pre-fab		NO		NO			\$416.75	
	L2116	Afo tibial fracture rigid	Y/ 12 months	YES		NO			\$549.09	
	L2126	Kafo fem fx cast thermoplas	Y/ 12 months	YES		NO			\$976.95	
	L2128	Kafo fem fx cast molded to p	Y/ 12 months	YES		NO			\$1,231.18	
	L2132	Kafo femoral fx cast soft	Y/ 12 months	YES		NO			\$579.19	
	L2134	Kafo fem fx cast semi-rigid	Y/ 12 months	YES		NO			\$694.43	
	L2136	Kafo femoral fx cast rigid	Y/ 12 months	YES		NO			\$849.11	
	L2180	Plas shoe insert w ank joint		NO		NO			\$84.08	
	L2182	Drop lock knee		NO		NO			\$65.81	
	L2184 L2186	Limited motion knee joint		NO		NO NO			\$118.59	
		Adj motion knee jnt lerman t		NO NO					\$131.41	
	L2188	Quadrilateral brim Waist belt		NO NO		NO NO			\$286.72	
	L2190					NO			\$74.47	
	L2192 L2200	Pelvic band & belt thigh fla Limited ankle motion ea int		NO NO		NO NO			\$256.01 \$34.14	
	L2200 L2210	Dorsiflexion assist each joi		NO NO		NO			\$34.14 \$55.40	
	L2210 L2220	· ·		NO		NO			\$55.40 \$63.60	
1183	L2220	Dorsi & plantar flex ass/res		NU		NU	<u> </u>		\$03.60	

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			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits		required	Rental Price	Price	date updated
1184	L2230	Split flat caliper stirr & p		NO		NO			\$55.09	
		A 110 M 1								
1,,,,,	x 2222	Addt. To lower extremity orthosis,	*****	T TEG					450.0 0	rate set
1185	L2232	rocker bottom, custom fabricated only	Y/12 months	YES		NO			\$70.38	04/02/2007
1400	1 22 40	Addt. To lower extremity orthosis, round		NO		NO			Φ.CO. O.4	
1186	L2240	caliper & plate attachment		NO		NO			\$60.04	PA ended eff.
1107	L2250	East plate malded stimmer at		NO		NO			\$255.13	
	L2250 L2260	Foot plate molded stirrup at Reinforced solid stirrup		NO NO		NO			\$255.13 \$143.93	
	L2260 L2265	Long tongue stirrup		NO		NO			\$143.93 \$84.55	
	L2203 L2270	Varus/valgus strap padded/li		NO		NO			\$38.56	
	L2275	Plastic mod low ext pad/line		NO		NO			\$93.82	
	L2273 L2280	Molded inner boot	Y/ 12 months	YES		NO			\$348.55	
	L2300	Abduction bar jointed adjust	1/ 12 monds	NO		NO			\$196.75	
	L2310	Abduction bar-straight		NO		NO			\$88.33	
	L2320	Non-molded lacer		NO		NO			\$147.73	
	L2330	Lacer molded to patient, custom	Y/12 months	YES		NO			\$281.93	
	L2335	Anterior swing band		NO		NO			\$165.85	
	L2340	Pre-tibial shell molded to p	Y/ 12 months	YES		NO			\$391.38	
	L2350	Prosthetic type socket molded	Y/ 12 months	YES		NO			\$639.78	
1200	L2360	Extended steel shank		NO		NO			\$37.15	

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2										
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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	- · · ·	purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price		date updated
	L2370 L2375	Patten bottom Torsion ank & half solid sti		NO NO		NO NO			\$184.32 \$81.13	
	L2375 L2380	Torsion straight knee joint;		NO		NO			\$81.13	
	L2385	Straight knee joint;		NO		NO			\$96.17	
1204	L2363	Addt. to lower extremity, polycentric		NO		NO			\$90.17	
		knee joint, for custom fabricated KAFO,								code added 6/09
1205	L2387	each joint		NO		NO			\$153.90	
	L2390	Offset knee joint each		NO		NO			\$78.59	
	L2395	Offset knee joint heavy duty		NO		NO			\$120.00	
	L2397	Suspension sleeve lower ext		NO		NO			\$84.16	
	L2405	Knee joint drop lock ea jnt		NO		NO			\$67.32	
	L2415	Knee joint cam lock each joi		NO		NO			\$93.78	
	L2425	Knee disc/dial lock/adj flex		NO		NO			\$110.66	
1212	L2430	Knee jnt ratchet lock ea jnt		NO		NO			\$110.66	
1213	L2492	Knee lift loop drop lock rin		NO		NO			\$73.22	
	L2500	Thi/glut/ischia wgt bearing		NO		NO			\$226.51	
1215	L2510	Th/wght bear quad-lat brim m	Y/ 12 months	YES		NO			\$606.45	
	L2520	Th/wght bear quad-lat brim custom	Y/ 12 months	YES		NO			\$330.77	
	L2525	Th/wght bear m-l brim mo	Y/ 12 months	YES		NO			\$1,134.81	
1218	L2526	Th/wght bear m-l brim cu	Y/ 12 months	YES		NO			\$611.66	

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2										
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	Red indica	ites new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L2530	Thigh/wght bear lacer non-mo		NO		NO			\$168.70	
	L2540	Thigh/wght bear lacer molded	Y/ 12 months	YES		NO			\$303.55	
1221	L2550	Thigh/wght bear high roll cu		NO		NO			\$206.21	
										PA removed eff.
1222	L2570	Hip clevis type 2 posit jnt		NO		NO			\$455.98	
1,000	* 2 * 0 0			110		270			* 100.0	PA removed eff.
	L2580	Pelvic control pelvic sling		NO		NO			\$432.25	
	L2600	Hip clevis/thrust bearing fr		NO		NO			\$147.46	
	L2610	Hip clevis/thrust bearing lo		NO		NO			\$174.37	
	L2620	Pelvic control hip heavy dut		NO		NO			\$191.98	
	L2622	Hip joint adjustable flexion		NO		NO	-		\$220.18	
	L2624 L2627	Hip adj flex ext abduct cont Plastic mold recipro hip & c	Y/ 12 months	NO YES		NO NO			\$299.33 \$1,233.21	
	L2627 L2628	Metal frame recipro hip & c	Y/ 12 months Y/ 12 months	YES		NO NO			\$1,233.21 \$1,448.65	
	L2628 L2630	Pelvic control band & belt u	1/12 monuns	NO NO		NO			\$1,448.65 \$177.79	
	L2630 L2640	Pelvic control band & belt u		NO		NO			\$177.79	
	L2640 L2650	Pelv & thor control gluteal		NO		NO			\$241.29	
	L2660	Thoracic control thoracic ba		NO		NO			\$133.82	
	L2670	Thorac cont paraspinal uprig		NO		NO			\$133.82	
	L2680	Thorac cont lat support upri		NO		NO			\$122.46	
				NO		NO			\$60.02	
1237	L2750	Plating chrome/nickel pr bar		NO		NO			\$60.02	

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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Addt. Lower ext.,high strength, custom								
	L2755	fab. Only		NO		NO			\$100.89	
1239	L2760	Extension per extension per		NO		NO			\$43.62	
		Orthotic side bar, Disconnect device,								added eff.
	L2768	each		YES		NO			\$110.02	
	L2780	Non-corrosive finish per bar		NO		NO			\$51.60	
	L2785	Drop lock retainer each		NO		NO			\$30.34	
	L2795	Knee control full kneecap		NO		NO			\$61.01	
	L2800	Knee cap medial or lateral p		NO		NO			\$76.58	
	L2810	Knee control condylar pad		NO		NO			\$56.08	
	L2820	Soft interface below knee se		NO		NO			\$62.35	
	L2830	Soft interface above knee se		NO		NO			\$70.11	
	L2840	Tibial length sock fx or equ		NO		NO			\$39.13	
1249	L2850	Femoral lgth sock fx or equa		NO		NO			\$44.46	CMS added
1,050	1 2061	addt. to lower ext-joint, knee or ankle,	X/101	MEG		NO			3.4	
	L2861	custom only, each	Y/12 months	YES		NO				1/1/2010
1251	L2999	Lower extremity orthosis NOS	Y/12 months	YES		NO			M	DA dd -ff
1252	L3000	foot insert Berkeley shell, each		NO		NO			\$247.24	PA ended eff. 12-1-09

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	Red indicat	tes new codes or changes for the most								
4	current rev	ision date.								
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6	•	ance of a code on this fee schedule does		coverage.						
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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change
										08/01/2007; PA
										ended eff. 12-1-
1253	L3001	foot insert Spenco, each		NO		NO			\$101.20	09
										rate change
1,05,4	x 2002			110					\$100.50	08/01/2008; PA
1254	L3002	foot insert, Plastazote, each		NO		NO			\$122.72	endedeff. 12-1-09
										rate change
										08/01/2009; PA
1255	L3003	fact insert Silicone gal coch		NO		NO			¢122.20	ended eff. 12-1- 09
	L3003 L3010	foot insert, Silicone gel, each Longitudinal Arch support each		NO NO		NO			\$132.38 \$122.12	
1230	L3010	Longitudinai Arch support each		NU		NU			\$122.12	PA ended eff.
1257	L3020	Foot longitud/metatarsal supp		NO		NO			¢120.06	12-1-09
1237	L3020	1 oot foligituu/metatarsar supp		INU		INO			\$139.00	PA ended eff.
1259	L3030	Foot arch support remov prem		NO		NO			\$52.40	12-1-09
1230	L3030	Foot arch support remov premolded		INU		110			φυυ.49	PA ended eff.
1250	L3040	longitudinal, each		NO		NO			\$31.00	12-1-09
1209	LJU4U	nongituaniai, each		NO		NO			Ф 31.99	14-1-09

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	Red indica	tes new codes or changes for the most								
4	current rev									
5	-	d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
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8	By current	regulation, any item \$500 or over requ								
			CMN				D (1			
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
١,	Habaa	D	purchase or	CMN	T · · ·	D 4 1	CMN	D (ID:	Purchase	1, 1, 1
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	rate set
		Foot arch support, removable,								01/02/2007; PA
		premolded, longitudinal & horizontal,								ended eff. 12-
1260	L3060	each				NO			\$53.73	
	L3100	Hallus-valgus night dynamic splint		NO		NO			\$30.31	1-09
	L3140	Abduction rotation bar shoe		NO		NO			\$60.69	
	L3150	Abduction rotation bar w/o shoe		NO		NO			\$55.49	
1200	L3130	Tioddetion fourton our w/o shoe		110		110			ψ33.17	PA removed eff.
1264	L3160	Shoe styled postioning device		NO		NO			\$159.84	
	L3170	Foot plastic heel stablizer		NO		NO			\$34.69	
1266	L3201	Oxford w supinator/pronator inf each	Y/ 12 months	YES		NO			\$51.28	
		^ ^								
	L3202	Oxford w supinator/pronator child each	Y/ 12 months	YES		NO			\$80.00	
1268	L3203	Oxford w supinator/pronator jun each	Y/ 12 months	YES		NO			\$73.47	
	L3204	Hightop w supp/pronator infant each	Y/ 12 months	YES		NO			\$67.08	
	L3206	Hightop w supp/pronator child each	Y/ 12 months	YES		NO			\$72.41	
	L3207	Hightop w supp/pronator junior each	Y/ 12 months	YES	· ·	NO			\$76.66	
	L3208	Surgical boot, each infant	Y/ 12 months	YES		NO			\$54.31	
	L3209	Surgical boot, each child	Y/ 12 months	YES		NO			\$28.75	
	L3211	Surgical boot, each junior	Y/ 12 months	YES		NO			\$35.60	
1275	L3212	Benesch boot pair infant	Y/ 12 months	YES		NO			\$56.43	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are ro	equired.							
8	By current	t regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price		date updated
	L3213	Benesch boot pair child	Y/ 12 months	YES		NO			\$61.75	
	L3214	Benesch boot pair junior	Y/ 12 months	YES		NO			\$67.08	
	L3215	Orthopedic ftwear ladies oxf each	Y/ 12 months	YES		NO			\$78.94	
	L3216	Orthopedic ftwear ladies depth each	Y/ 12 months	YES		NO			\$118.67	
	L3217	Ladies shoes hightop depth each	Y/ 12 months	YES		NO			\$92.40	
	L3219	Orthopedic mens shoes oxford each	Y/ 12 months	YES		NO			\$90.80	
	L3221	Orthopedic mens shoes dpth each	Y/ 12 months	YES		NO			\$151.75	
	L3222	Mens shoes hightop depth inl each	Y/ 12 months	YES		NO			\$111.86	
	L3224	Woman's shoe oxford brace each	Y/ 12 months	YES		NO			\$42.22	
	L3225	Man's shoe oxford brace each	Y/ 12 months	YES		NO			\$48.57	
	L3230	Custom shoes depth inlay each	Y/ 12 months	YES		NO			\$308.31	
	L3250	Custom mold shoe remov prost each	Y/ 12 months	YES		NO			\$231.77	
	L3251	Shoe molded to pt silicone s each	Y/ 12 months	YES		NO			\$280.14	
	L3252	Shoe molded plastazote cust each	Y/ 12 months	YES		NO			\$210.21	
	L3253	Shoe molded plastazote cust each	Y/ 12 months	YES		NO			\$99.94	
	L3254	Orth foot non-std size/w	Y/ 12 months	YES		NO			\$149.07	
	L3255	Orth foot non-std size/w	Y/ 12 months	YES		NO			\$42.59	
	L3257	Orth foot add charge split	Y/ 12 months	YES		NO			\$95.83	
	L3260	Ambulatory surgical boot each		NO		NO			\$22.03	
1295	L3265	Plastazole sandal each		NO		NO			\$25.00	

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	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
	current rev									
	•	ed for rentals as indicated on the fee sch								
	•	rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ	ires a PA. CMN							
			expiration	Purchase			Rental			
			date for	Purchase PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental		Rental Price	Price	date updated
	HCI CB	Description	Tentar	required	Limits	Kentai	required	Kentai i rice	THE	date updated
1296	L3300	Lift, Elevation Heel, Tapered to Metata		NO		NO			\$44.00	
										rate change
										08/01/2007; PA
									***	ended eff. 12-1-
1297	L3310	Shoe lift elev heel/sole neo		NO		NO			\$61.84	09 PA ended eff.
1200	L3320	shoe lift elev heel/sole cor		NO		NO			¢67 29	12-1-09
1290	L3320	shoe fift elev fleet/sole col		NO		NO			\$07.36	Added effective 7.
										1-10 with M
		Lift elevation, metal extension, (skate)								pricing; rate set
1299	L3330	each	YES	YES		NO				11-1-10
										former rate
										\$45.00 change
										eff. 1/15/08; PA
										ended eff.
1300	L3332	Shoe lift inside tapered up to 1/2 inch		NO		NO			\$51.16	12-1-09
4004	T 2224			NO		NO			Φ 2 6 7 4	PA removed eff.
1301	L3334	Shoe, lift elevation, heel, per inch, each		NO		NO			\$26.74	8/1/10 PA removed
1302	L3340	shoe wedge sach		NO		NO			\$59.73	

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
	current rev									
		ed for rentals as indicated on the fee sch								
		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA& CMN		Dermalage	
	HCPCS	Description	purchase or	CMN	T ::4~	Domtol		Dantal Duisa	Purchase	da4a da4a d
9	HCPCS	Description	rental	required	Limits	Kentai	requirea	Rental Price		date updated PA ended eff.
1303	L3350	shoe sole wedge		NO		NO				12-1-09
1303	L3330	shoe sole wedge		NO		NO			φ10.03	PA ended eff.
1304	L3360	shoe sole wedge outside sole		NO		NO			\$24.96	12-1-09
									·	PA ended eff.
1305	L3370	shoe sole wedge between sole		NO		NO			\$34.77	12-1-09
										PA ended eff.
1306	L3380	shoe clubfoot wedge		NO		NO				12-1-09
										PA ended eff.
1307	L3390	shoe outflare wedge		NO		NO			· · · · · · · · · · · · · · · · · · ·	12-1-09
										PA ended eff.
1308	L3400	shoe metarsal bar wedge		NO		NO			· ·	12-1-09
1,000	1 2410			NO		NO				PA ended eff.
1309	L3410	shoe metarsal bar between		NO		NO			· · · · · · · · · · · · · · · · · · ·	12-1-09 PA ended eff.
1210	L3420	full sole/heal wedge htween		NO		NO				12-1-09
1310	L3420	full sole/heel wedge btween		NU		NU				PA ended eff.
1311	L3430	shoe heel count plast reinforc		NO		NO			\$112.32	
· · · ·	20100	and her count plant fermiore		110		1,10			· ·	PA ended eff.
1312	L3440	heel leather reinforced		NO		NO				12-1-09

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
	current rev									
		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&		.	
	HCDCC	D	purchase or	CMN	T • •4	D 4 1	CMN	D 4 1D 1	Purchase	1, 1, 1
9	HCPCS	Description	rental	required	Limits	Kentai	required	Rental Price		date updated PA ended eff.
1212	L3450	shoo had such aushion tyma		NO		NO				12-1-09
1313	L3430	shoe heel sach cushion type		NO		NO			\$13.99	PA ended eff.
1314	L3455	shoe heel new leather standard		NO		NO			\$32.04	12-1-09
1017	L3433	shoe neer new reather standard		110		110			Ψ32.04	PA ended eff.
1315	L3460	shoe heel new rubber standard		NO		NO			\$27.02	12-1-09
										PA ended eff.
1316	L3465	shoe heel thomas with wedge		NO		NO			\$41.01	12-1-09
										PA ended eff.
1317	L3470	shoe heel thomas extend to B		NO		NO			\$43.68	12-1-09
										PA ended eff.
1318	L3480	shoe heel pad &depress for		NO		NO			<u> </u>	12-1-09
										PA ended eff.
1319	L3485	shoe heel pad removeable for		NO		NO			· ·	12-1-09
										PA ended eff.
1320	L3500	ortho shoe add leather insol		NO		NO				12-1-09
4004	1 2510			NO		NO				PA ended eff.
1321	L3510	orthopedic shoe add rub insl		NO		NO				12-1-09 PA ended eff.
1322	L3520	ortho shoe add felt w leather insol		NO		NO				12-1-09
1322	L332U	ortho shoe and left w leather filsor		NO		NO			\$44.29	14-1-07

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedu	ale 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	_	ed for rentals as indicated on the fee sch								
6	•	rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										PA ended eff.
1323	L3530	ortho shoe add half sole		NO		NO			\$22.29	12-1-09
1,004	1.2540	.1 1 116.11 1		NO		NO			Φ25.66	PA ended eff.
1324	L3540	ortho shoe add full sole		NO		NO			\$35.66	12-1-09 PA ended eff.
1225	L3550	antha aba a add atou doud to a tou		NO		NO			¢7.01	12-1-09
1325	L3330	ortho shoe add standard toe tap		NO		NO			\$7.01	PA ended eff.
1326	L3560	ortho shoe add horseshoe toe tap		NO		NO			¢12 02	12-1-09
1320	L3300	ortho shoe add horseshoe toe tap		NO		NO			\$10.02	PA ended eff.
1327	L3570	ortho shoe add instep extension		NO		NO			\$67.06	12-1-09
1027	L3370	ortho shoe add histop extension		110		110			ψ07.00	PA ended eff.
1328	L3580	ortho shoe add instep velcro clos		NO		NO			\$51.04	12-1-09
									70 -10 1	PA ended eff.
1329	L3590	ortho shoe convert firm to soft count		NO		NO			\$42.04	12-1-09
									*	PA ended eff.
1330	L3595	ortho shoe add march bar		NO		NO			\$30.56	12-1-09
1331	L3600	Trans shoe calip plate exist		NO		NO			\$60.06	
1332	L3610	Trans shoe caliper plate new		NO		NO			\$79.08	
1333	L3620	Trans shoe solid stirrup existing		NO		NO			\$60.06	
	L3630	Trans shoe solid stirrup new		NO		NO			\$79.08	
1335	L3640	Shoe Dennis Browne splint both		NO		NO			\$34.03	

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2										
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4	current re	vision date.								
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8	By current	t regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L3649	orthopedic shoe modification NOS	Y/12 months	YES		NO			M	
	L3650	Shlder fig 8 abduct restrain		NO		NO			\$42.06	
	L3660	Abduct restrainer canvas&web		NO		NO			\$72.21	
1339	L3670	Acromio/clavicular canvas&we		NO		NO			\$100.66	
										added to fee
	L3671	Shoulder othosis, cap design w/o joints	Y/12 months	YES		NO			\$623.06	
1341	L3675	Canvas vest SO		NO		NO			\$123.30	
										added to fee
		elbow orthosis w/o joints, may include								schedule03/08
l		soft interface, straps, custom fabricated								with effective
	L3702	incl. fitting & adj.	Y/12 months	YES		NO			M	DOS 5/1/07
	L3710	Elbow elastic with metal joi	**/ 10	NO		NO			\$101.87	
	L3720	Forearm/arm cuffs free motio	Y/ 12 months	YES		NO			\$508.23	
	L3730	Forearm/arm cuffs ext/flex a	Y/ 12 months	YES		NO			\$669.04	
1346	L3740	Cuffs adj lock w/ active con	Y/ 12 months	YES		NO			\$751.88	
		Elbow orthosis, adj position locking							***	PA removed eff.
1347	L3760	joints, prefab, inc fitting and adj		NO		NO			\$335.71	8/1/10
1015	x 05 45	Elbow orthosis rigid, w/o joints, prefab,		,,,					*	
1348	L3762	soft interface, incl. Fitting/adj.		NO		NO			\$63.37	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAII	D PROGRAM DME FEE SCHEDULE								
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3	Fee Schedu	le 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	.1					
	Red indicat	tes new codes or changes for the most								
4	current rev									
	•	d for rentals as indicated on the fee sche								
6	•	ance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	n .			D 4 1			
			expiration date for	Purchase PA &			Rental			
							PA& CMN		D	
	HCDCC	Demonstration	purchase or	CMN	T !!4	D4-1		D 4 - 1 D	Purchase	1-41-4-1
9	HCPCS	Description	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated code added to fee
										schedule
										10/12/07 former
										rate \$886.65
		elbow wrist hand orthosis rigid w/o								change eff.
1349	L3763	joints custom fab incl. fitting & adj.	Y/12 months	YES		NO			\$501.18	-
1343	L3703	Joints custom fao inci. Itting & adj.	1/12 monuis	TES		NO			φ301.16	1/13/08
										code added to fee
										schedule
										01/02/2007; rate
										set eff. 1/15/08
										rate adj. 8/1/08
										from \$286.74;
										rate change eff.
										DOS 4/1/09;
		WHFO, incl. 1 or more nontorsion								former rate
1350	L3806	joints. Custom	Y/12 months	YES		NO			\$376.35	purchase \$517.69
		WHFO w/o joints, prefab includes fitting								
1351	L3807	and adjustments any type		NO		NO			\$175.69	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev									
	_	d for rentals as indicated on the fee sch								
		ance of a code on this fee schedule does		coverage.						
		y limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	D 1			D			
			expiration	Purchase			Rental			
			date for	PA &			PA& CMN		D	
	HCDCC	Description	purchase or	CMN	T ::4	Dantal		Dantal Dria	Purchase	J. 4 J. 4. J
9	HCPCS	Description	rental	required	Limits	Kentai	requirea	Rental Price	Price	date updated rate set
										08/01/2007; rate
										adj. 8/1/08 from
										\$195.15; rate
										change 3/1/10
1352	L3808	WHFO, rigid w/o joints, custom,	Y/12 months	YES		NO			\$276.74	from \$488.89
		Addt. to upper ext. joint, wrist, or elbow,							, , , , , , , , , , , , , , , , , , , ,	CMS added
1353	L3891	custom fabricated only, each	Y/12 minths	YES		NO			M	1/1/2010
1354	L3900	Hinge extension/flex wrist/f	Y/ 12 months	YES		NO			\$1,097.63	
	L3901	Hinge ext/flex wrist finger	Y/ 12 months	YES		NO			\$1,230.73	
1356	L3904	Whfo electric custom fitted	Y/ 12 months	YES		NO			\$2,505.44	
										code added to fee
										schedule
										04/02/2007 rate
										set 08/01/2007;
										rate adj. eff.
			*****						#201 33	8/1/08 from
1357	L3905	wrist/hand orthosis custom	Y/12 months	YES		NO			\$301.89	\$685.74
1358	L3906	Wrist hand orthosis, w/o joints, custom	Y/12 months	YES		NO			\$296.41	
1359	L3907	Whfo wrist gauntlt thmb spica							CMS DC	1/08

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	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
	•	rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits		required	Rental Price	Price	date updated
	L3908	Wrist cock-up non-molded		NO		NO			\$42.10	
1361	L3912	Flex glove w/elastic finger		NO		NO			\$67.55	
		Hand finger orthosis, w/o joints, may								added to fee
		include soft interface, straps, custom								schedule 8-8-08
		fabricated, incl fitting & adjustment,							***	for DOS 4-1-08
1362	L3913	each	Y/12 months	YES		NO			\$170.97	and after
4000	T 2015	WHFO, rigid with 1 or more joints,		NO		NO			Φ 2 < 7 50	PA removed eff.
1363	L3915	prefab,		NO		NO			\$367.58	8/1/10
4004	1 2017	hand orthosis, metacarpal fracture		NO		NO			Φ.62.25	
1304	L3917	orthosis, prefab, incl fitting and adj.		NO		NO			\$62.25	former rate
		Hand finger orthosis, without joint,								\$27.35 change
1265	L3923	prefab, inc fitting and adj		NO		NO			¢54.01	eff. 1/15/08
1303	L3923	prerab, me mung and adj		NO		NO			\$34.91	CMS code
										addition 1/08;
										rate set eff.
										1/15/08; PA req.
		Finger orthosis, PIP/DIP, non-torsion								removed eff.
		joint/spring, ext./flex., pre-fab, incl								1/15/08. system
1366	L3925	fitting & adj., each		NO		NO			\$33.35	updated.

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2										
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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated CMS code
		Finger orthosis, PIP/DIP, non-torsion								addition 1/08;
		w/o joint/spring, ext./flex., pre-fab, incl								rate set 8/1/08;
1367	L3927	fitting & adj., each				NO			\$22.09	PA removed
1001	20,2,	inding or adji, oden				1,0			4-2. 02	
										CMS code
										addition 1/08 rate
		Hand finger orthosis, incl. 1 or more								set eff. 1/15/08;
		nontorsion joints, turnbuckles, elastic								PA req. removed
		bands/spring, straps, pre-fab, incl. fitting								eff. 1/15/08.
1368	L3929	& adj., each		NO		NO			\$53.14	system updated. CMS code
										addition 1/08;
										rate set eff.
		Wrist, hand, finger orthosis, incl. 1 or								1/15/08; PA req.
		more nontorsion joints, turnbuckles,								removed eff.
		elastic bands/springs, straps, pre-fab,								1/15/08. system
1369	L3931	incl. fitting & adj., each		NO		NO			\$128.55	updated.
										•
		Finger orthosis, w/o joints, may include								
		soft interface, custom fabricated, incl.								
1370	L3933	fitting & adjustment, each	Y/12 months	YES		NO			\$176.79	code added 5/10

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
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8	By current	regulation, any item \$500 or over requ	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		addt. Of joint to upper ext orth. any								
	L3956	material, per joint	Y/12 months	YES		NO			M	4/2/2007
	L3960	Sewho airplan desig abdu pos	Y/ 12 months	YES		NO			\$579.15	
	L3962	Sewho erbs palsey design abd	Y/ 12 months	YES		NO			\$603.04	
	L3964	Seo mobile arm sup att to wc	Y/ 12 months	YES		Y/ month	YES	\$59.42	\$594.21	
	L3965	Arm supp att to we rancho ty	Y/ 12 months	YES		Y/ month		\$94.82	\$948.19	
	L3966	Mobile arm supports reclinin	Y/ 12 months	YES		Y/ month		\$63.21	\$632.12	
	L3968	Friction dampening arm supp	Y/ 12 months	YES		Y/ month		\$87.87	\$878.65	
1378	L3969	Monosuspension arm/hand supp	Y/ 12 months	YES		Y/ month	YES	\$63.21	\$632.12	
1379	L3970	Elevat proximal arm support		NO		NO			\$252.86	
										code added to fee
		SEHWO, shoulder cap design, custom								schedule01/02/20
	L3971	fabricated	Y/12 months	YES		NO			\$1,248.33	
	L3972	Offset/lat rocker arm w/ ela		NO		NO			\$160.79	
	L3974	Mobile arm support supinator		NO		NO			\$128.59	
	L3980	Upp ext fx orthosis humeral		NO		NO			\$217.21	
	L3982	Upper ext fx orthosis rad/ul		NO		NO			\$268.36	
1385	L3984	Upper ext fx orthosis wrist		NO		NO			\$286.46	

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		ty limit is exceeded, a CMN & PA are re								
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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
١.			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1,000	1.2005	Add. To upper ext. sock, fracture, or		NO		NO			Φ24.07	
1386	L3995	equal, each		NO		NO			\$24.05	
4207	L3999	Upper limb orthosis, not otherwise specified	X/ 10	MEG		NO				
	L3999 L4000	Repl girdle milwaukee orth	Y/ 12 months Y/ 12 months	YES YES		NO NO			M \$936.66	
1300	L4000	Replacement strap, any orthosis,	1/12 months	TES		NO			\$930.00	
		includes all components, any lgth., any								
1380	L4002	type	Y/12months	YES		NO			М	
	L4002 L4010	Replace trilateral socket brim	Y/ 12 months	YES		NO			\$527.10	
	L4020	Replace quadlat socket brim	Y/ 12 months	YES		NO			\$658.39	
	L4030	Replace socket brim cust fit	Y/ 12 months	YES		NO			\$362.50	
	L4040	Replace molded thigh lacer	Y/ 12 months	YES		NO			\$293.09	
	L4045	Replace non-molded thigh lac		NO		NO			\$235.52	
	L4050	Replace molded calf lacer	Y/ 12 months	YES		NO			\$296.42	
	L4055	Replace non-molded calf lace		NO		NO			\$191.94	
1397	L4060	Replace high roll cuff		NO		NO			\$228.18	
1398	L4070	Replace prox & dist upright		NO		NO			\$217.71	_
	L4080	Repl met band kafo-afo prox		NO		NO			\$76.74	
	L4090	Repl met band kafo-afo calf/		NO		NO			\$67.93	
	L4100	Repl leath cuff kafo prox th		NO		NO			\$76.62	
1402	L4110	Repl leath cuff kafo-afo cal		NO		NO			\$60.89	

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5	•	ed for rentals as indicated on the fee sch								
6	•	rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN	D 1			D 4.1			
			expiration date for	Purchase PA &			Rental PA&			
				CMN			CMN		Purchase	
9	HCPCS	Description	purchase or rental	required	Limits	Dontal		Rental Price	Purchase Price	date updated
<u> </u>	neres	Description	Tentai	requireu	Lillits	Kentai	requireu	Kentai i ite	Tite	PA removed eff.
1403	L4130	Replace pretibial shell		NO		NO			\$419.07	
		T WAY T	Y/12 months							
			if PA							PA requirement
1404	L4205	Repair orthotic device per 15 min labor	required	YES > \$500)	NO			\$10.00	raised eff 8/1/10
			Y/12 months							
			if PA							PA requirement
	L4210	repair or replace minor parts	required	YES > \$500)	NO			<u> </u>	raised eff 8/1/10
	L4350	Pneumatic ankle cntrl splint		NO		NO			\$75.50	
	L4360	Pneumatic walking splint		NO		NO			\$211.22	
	L4370	Pneumatic full leg splint		NO		NO			\$135.55	
1409	L4380	Pneumatic knee splint		NO		NO			\$83.11	C
										former rate
1440	1 4206	Non an armetic and thing head		NO		NO			¢100.00	\$83.11 change eff. 1/15/08
	L4386 L4394	Non-pneumatic walking boot Replacement Foot Drop Splint		NO NO		NO NO			\$109.98 \$13.13	
	L4394 L4396	Static AFO		NO NO		NO NO			\$13.13 \$129.57	
	L4398	Foot drop splint recumbent		NO		NO			\$129.57	
	L5000	Sho insert w arch toe filler	Y/ 12 months	YES		NO			\$404.82	
	L5010	Mold socket ank hgt w/ toe f	Y/ 12 months	YES		NO			\$977.72	
	L5020	Tibial tubercle hgt w/ toe f	Y/ 12 months	YES		NO			\$1,660.43	

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	Red indica	tes new codes or changes for the most								
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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L5050	Ank symes mold sckt sach ft	Y/ 12 months	YES		NO			\$1,836.74	
	L5060	Symes met fr leath socket ar	Y/ 12 months	YES		NO			\$2,112.77	
	L5100	Molded socket shin sach foot	Y/ 12 months	YES		NO			\$1,840.79	
	L5105	Plast socket jts/thgh lacer	Y/ 12 months	YES		NO			\$2,657.36	
	L5150	Mold sckt ext knee shin sach	Y/ 12 months	YES		NO			\$2,686.23	
	L5160	Mold socket bent knee shin s	Y/ 12 months	YES		NO			\$2,921.76	
	L5200	Knee sing axis fric shin sach	Y/ 12 months	YES		NO			\$2,797.99	
	L5210	No knee/ankle joints w/ ft b	Y/ 12 months	YES		NO			\$1,856.19	
	L5220	No knee joint with artic ali	Y/ 12 months	YES		NO			\$2,109.89	
	L5230	Fem focal defic constant fri	Y/ 12 months	YES		NO			\$2,909.97	
	L5250 L5270	Hip canadian sing axi cons fric	Y/ 12 months	YES YES		NO			\$3,968.93	
	L5270 L5280	Tilt table locking hip sing Hemipelvect canadian sing axis	Y/ 12 months Y/ 12 months	YES		NO NO			\$3,951.32 \$3,921.05	
1429	L328U	Below Knee molded socket, shin each	1/12 IIIOIIIIS	IES		NU			\$3,921.03	
1/130	L5301	foot, endosketal system	Y/ 12 months	YES		NO			\$2,205.98	
1430	L3301	100t, Chidosketai system	1/ 12 monus	ILO		NO			φ2,203.96	
		Knee disarticulation, molded socket,								rate change
1431	L5311	external knee joints, shin, sach foot endo	Y/ 12 months	YES		NO			\$2,964.15	08/01/2007
	20011	Above Knee, molded socket, open end,	1, 12 months	1100		110			Ψ2,>01.13	30,01,2007
		sach foot, endoskelttal system, single								
1432	L5321	axis knee	Y/ 12 months	YES		NO			\$3,197.63	

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			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Hip disarticulation, Canadian type,								
	x #224	molded socket endoskeletal system, hip	*****	******					#2.024.5	rate change
1433	L5331	joint, single	Y/ 12 months	YES		NO			\$3,824.67	08/01/2007
		Hemipelvectomy, Canadian type,								. 1
1,404	T 5241	molded socket, endoskeletal hip joint	37/10 1	MEG		NO			Φ2 001 40	rate change
	L5341 L5400	single axis knee	Y/ 12 months Y/ 12 months	YES YES		NO NO			\$3,981.49	08/01/2007
	L5400 L5410	Postop dress & 1 cast chg bk	Y/ 12 months	YES		NO			\$1,041.72 \$319.61	
	L5410 L5420	Postop dsg bk ea add cast ch Postop dsg & 1 cast chg ak/d	Y/ 12 months	YES		NO			\$1,276.60	
	L5420 L5430	Postop dsg & 1 cast cng ak/d Postop dsg ak ea add cast ch	Y/ 12 months	YES		NO			\$1,276.60	
	L5450	Postop app non-wgt bear dsg	Y/ 12 months	YES		NO			\$304.93	
	L5460	Postop app non-wgt bear dsg	Y/ 12 months	YES		NO			\$417.21	
	L5500	Init bk ptb plaster direct	Y/ 12 months	YES		NO			\$982.44	
	L5505	Init ak ischal plstr direct	Y/ 12 months	YES		NO			\$1,358.73	
	L5510	Prep BK ptb plaster molded	Y/ 12 months	YES		NO			\$1,113.65	
	L5520	Perp BK ptb thermopls direct	Y/ 12 months	YES		NO			\$1,100.03	
	L5530	Prep BK ptb thermopls molded	Y/ 12 months	YES		NO			\$1,321.24	
	L5535	Prep BK ptb open end socket	Y/ 12 months	YES		NO			\$1,279.19	
1447	L5540	Prep BK ptb laminated socket	Y/ 12 months	YES		NO			\$1,384.52	
1448	L5560	Prep AK ischial plast molded	Y/ 12 months	YES		NO			\$1,486.72	
1449	L5570	Prep AK ischial direct form	Y/ 12 months	YES		NO			\$1,545.67	

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			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TTCDCC	D	purchase or	CMN	T • • •	D	CMN	D (1D)	Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L5580	Prep AK ischial thermo mold	Y/ 12 months	YES		NO			\$1,804.46	
	L5585 L5590	Prep AK ischial open end	Y/ 12 months	YES YES		NO NO			\$2,220.69	
	L5590 L5595	Prep AK ischial laminated Hip disartic sach thermopls	Y/ 12 months Y/ 12 months	YES		NO			\$1,838.87	
	L5595 L5600	Hip disart sach laminat mold	Y/ 12 months Y/ 12 months	YES		NO			\$3,248.61 \$3,492.11	
	L5610	Above knee hydracadence	Y/ 12 months	YES		NO			\$1,583.72	
	L5611	Ak 4 bar link w/fric swing	Y/ 12 months	YES		NO			\$1,232.45	
	L5613	Ak 4 bar ling w/hydraul swig	Y/ 12 months	YES		NO			\$1,926.89	
	L5614	4-bar link above knee w/swng	Y/ 12 months	YES		NO			\$1,305.33	
	L5616	Ak univ multiplex sys frict	Y/ 12 months	YES		NO			\$1,041.28	
				120		1,0			Ψ1,0 .1 .2 0	PA removed eff
1460	L5617	AK/BK self-aligning unit ea		NO		NO			\$432.81	
		0 0 0 0 0 0		-					,	PA removed
1461	L5618	Test socket symes	Y/12 months	NO		NO			\$228.97	effective 8-1-08.
	L5620	Test socket below knee		NO		NO			\$212.67	
1463	L5622	Test socket knee disarticula		NO		NO			\$277.31	
1464	L5624	Test socket above knee		NO		NO			\$278.10	
1465	L5626	Test socket hip disarticulat		NO		NO			\$364.71	
1466	L5628	Test socket hemipelvectomy		NO		NO			\$389.97	PA removed eff 8/1/10

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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1467	L5629	Below knee acrylic socket		NO		NO			\$243.10	
										PA removed eff
1468	L5630	Syme typ expandabl wall sckt		NO		NO			\$343.30	
1										PA removed eff
	L5631	Ak/knee disartic acrylic soc		NO		NO			\$336.10	
	L5632	Symes type ptb brim design s		NO		NO			\$187.58	
	L5634	Symes type poster opening so		NO		NO			\$232.68	
	L5636	Symes type medial opening so		NO		NO			\$194.91	
14/3	L5637	Below knee total contact		NO		NO			\$220.98	
1,474	1.5620	Dela describedas de		NO		NO			0204.05	PA removed eff
	L5638 L5639	Below knee leather socket	V/ 12	NO YES		NO NO			\$384.95	
14/5	L3639	Below knee wood socket	Y/ 12 months	YES		NU			\$857.64	PA removed eff
1470	I 5040	Vara disenticular landhan sa		NO		NO			¢400.12	
14/6	L5640	Knee disarticulat leather so		NO		NO			\$489.13	PA removed eff
1477	L5642	Above knee leather socket		NO		NO			\$473.93	
	L5642 L5643		Y/ 12 months	YES		NO			\$473.93 \$1,190.58	
14/8	L3043	Hip flex inner socket ext fr	1/12 months	1ES		NU			\$1,190.58	PA removed eff
1/70	L5644	Above knee wood socket		NO		NO			\$451.81	
	L5645	Ak flexibl inner socket ext	Y/ 12 months	YES		NO			\$610.34	
1400	L3043	AK HEXIOI IIIIEF SOCKET EXT	1/12 HOHUS	IES		NU			\$010.34	

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			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	T 5046			NO		NO			#410.10	PA removed eff
	L5646	Below knee air cushion socket	X7/ 101	NO		NO			\$419.12	
	L5647	Below knee suction socket	Y/ 12 months	YES		NO			\$608.48	
	L5648 L5649	Above knee air cushion socket	Y/ 12 months	YES YES		NO			\$503.62	
1484	L3649	Isch containmt/narrow m-l so	Y/ 12 months	YES		NO			\$1,824.88	PA removed eff
1 105	L5650	Tot contact ak/knee disart s		NO		NO			\$373.43	
	L5650 L5651	Ak flex inner socket ext fra	Y/ 12 months	YES		NO			\$373.43 \$918.63	
1460	L3031	Ak nex milet socket ext na	1/ 12 monuis	IES		NO			\$910.03	
										PA removed eff
1487	L5652	Suction susp ak/knee disart		NO		NO			\$333.50	8/1/10
										PA removed eff
	L5653	Knee disart expand wall sock		NO		NO			\$445.19	8/1/10
	L5654	Socket insert symes		NO		NO			\$253.68	
	L5655	Socket insert below knee		NO		NO			\$214.98	
	L5656	Socket insert knee articulat		NO		NO			\$288.41	
1492	L5658	Socket insert above knee		NO		NO			\$278.13	
1493	L5661	Multi-durometer symes		NO		NO			\$465.50	PA removed eff 8/1/10
1494	L5665	Multi-durometer below knee		NO		NO			\$391.67	PA removed eff 8/1/10

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9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L5666	Below knee cuff suspension		NO		NO			\$53.55	
	L5668	Socket insert w/o lock lower		NO		NO			\$86.37	
1497	L5670	Bk molded supracondylar susp	Y/12 months	YES		NO			\$207.57	
		Addition to lower extremity, below								
		knee/above knee suspension locking								PA removed eff
1498	L5671	mechanism		NO		NO			\$432.87	
										PA removed eff
1499	L5672	Bk removable medial brim sus		NO		NO			\$228.10	12/09
		below knee/above knee socket insert,								
		silicone gel or elastomeric w/locking								
1500	L5673	mech, custom	Y/ 12 months	YES		NO			\$456.19	
1										PA removed eff
1501	L5676	Bk knee joints single axis pair		NO		NO			\$277.19	
 									.	PA removed eff
	L5677	Bk knee joints polycentric pair		NO		NO			\$377.16	8/1/10
1503	L5678	Bk joint covers pair	Y/ 12 months	NO		NO			\$30.37	
		below knee/above knee socket insert,								
l		silicone gel or elastomeric no locking								
	L5679	mech, custom	Y/ 12 months	YES		NO			\$380.15	
1505	L5680	Bk thigh lacer non-molded		NO		NO			\$253.53	

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			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		below knee/above knee, custom fab.								
1,500	¥ # c04	Socket inset initial only for cong. Or	***	******					40.52.42	
	L5681	atypical	Y/12 months	YES		NO			\$853.43	
1507	L5682	Bk thigh lacer glut/ischia molded below knee/above knee, custom fab,	Y/ 12 months	YES		NO			\$478.39	
1500	L5683	socket inset, initial only not cong.or	V/ 12 th	YES		NO			¢052.42	
	L5684	atypical Bk fork strap	Y/ 12 months	NO NO		NO			\$853.43 \$36.81	
1509	L3084	bk fork strap		NO		NO			\$30.81	
		Addt. To lower ext. orthosis, below								rate set
1510	L5685	knee, susp./sealing sleeve, any mat. Each		NO		NO			\$93.48	01/02/2007
1.0.0	23003	mice, suspiracing sieere, any mat. Each		110		110			Ψ, 3.40	31/02/2007
1511	L5686	below knee back check extension control		NO		NO			\$39.08	
	L5688	Bk waist belt webbing		NO		NO			\$46.72	
	L5690	Bk waist belt padded and lin		NO		NO			\$74.85	
1514	L5692	Ak pelvic control belt light		NO		NO			\$101.64	
1515	L5694	Ak pelvic control belt pad/l		NO		NO			\$138.77	
1516	L5695	Ak sleeve susp neoprene/equa		NO		NO			\$128.11	
1517	L5696	Ak/knee disartic pelvic join		NO		NO			\$141.54	
1518	L5697	Ak/knee disartic pelvic band		NO		NO			\$61.41	
1519	L5698	Ak/knee disartic silesian ba		NO	-	NO			\$100.41	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
	PA require	ed for rentals as indicated on the fee scho	edule.							
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L5699	Shoulder harness		NO		NO			\$180.89	
	L5700	Replace socket below knee	Y/ 12 months	YES		NO			\$2,191.70	
	L5701	Replace socket above knee	Y/ 12 months	YES		NO			\$2,632.07	
	L5702	Replace socket hip	Y/ 12 months	YES		NO			\$3,329.96	
	L5704	Custom shape covr below knee	Y/ 12 months	YES		NO			\$410.01	
	L5705	Custom shape cover above knee	Y/ 12 months	YES		NO			\$732.61	
	L5706	Custom shape cvr knee disart	Y/ 12 months	YES		NO			\$718.17	
1527	L5707	Custom shape cover hip disart	Y/ 12 months	YES		NO			\$946.80	
1528	L5710	Kne-shin exo sng axi mnl loc		NO		NO			\$286.07	PA removed 12/09
										PA removed eff
1529	L5711	Knee-shin exo mnl lock ultra		NO		NO			\$399.82	PA removed eff
1530	L5712	Knee-shin exo frict swg & st		NO		NO			\$335.03	8/1/10
1531	L5714	Knee-shin exo variable frict		NO		NO			\$344.12	PA removed eff 8/1/10
1532	L5716	Knee-shin exo mech stance ph	Y/ 12 months	YES		NO			\$557.52	
1533	L5718	Knee-shin exo frct swg & sta	Y/ 12 months	YES		NO			\$696.84	
1534	L5722	Knee-shin pneum swg frct exo	Y/ 12 months	YES		NO			\$736.18	
1535	L5724	Knee-shin exo fluid swing ph	Y/ 12 months	YES		NO			\$1,154.61	
1536	L5726	Knee-shin ext jnts fld swg e	Y/ 12 months	YES		NO			\$1,330.67	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	11					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
١.			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L5728	Knee-shin fluid swg & stance	Y/ 12 months	YES		NO			\$1,820.17	
1538	L5780	Knee-shin pneum/hydra pneum	Y/ 12 months	YES		NO			\$875.78	
		Addt. to lower limb prosthesis, vacuum								
		pump, residual limb volume								
		management and moisture evacuation								
1539	L5781	system	Y/ 12 months	YES		NO			M	added 1/1/09
										added to fee
										schedule
1540	1.5702	A 11 To 1 and 1 and 1 War and	X/12	MEG		NO			¢2 211 21	01/02/2007 rate
1540	L5782	Addt. To lower leg prosth. Vacuum	Y/12 months	YES		NO			\$3,211.21	set 08/01/2007 PA removed eff
1511	L5785	Exoskeletal bk ultralt mater		NO		NO			\$492.30	
	L5785 L5790	Exoskeletal ak ultra-light m	Y/ 12 months	YES		NO			\$492.30 \$550.01	0/ 1/ 10
	L5790 L5795	Exoskel hip ultra-light mate	Y/ 12 months	YES		NO			\$1,095.08	
1343	LJ 173	ENOSKEI IIIP utua-tigitt iliate	1/ 12 HOHUIS	1 ES		NO			φ1,093.08	PA removed eff
1544	L5810	Endoskel knee-shin mnl lock		NO		NO			\$372.42	
	L5810 L5811	Endo knee-shin mnl lck ultra	Y/ 12 months	YES		NO			\$557.88	
10-70	25011	Zhao khee shin hiii lek uluu	1/ 12 months	110		110			Ψ557.00	PA removed eff
1546	L5812	Endo knee-shin frct swg & st		NO		NO			\$432.41	
	L5814	Endo knee-shin hydral swg ph	Y/ 12 months	YES		NO			\$2,872.88	
	L5816	Endo knee-shin polyc mch sta	Y/ 12 months	YES		NO			\$654.45	

	А	В	С	D	Е	F	G	Н	1	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	ites new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L5818	Endo knee-shin frct swg & st	Y/ 12 months	YES		NO			\$734.59	
	L5822	Endo knee-shin pneum swg frc	Y/ 12 months	YES		NO			\$1,302.61	
	L5824	Endo knee-shin fluid swing p	Y/ 12 months	YES		NO			\$1,173.08	
	L5826	Miniature knee joint	Y/ 12 months	YES		NO			\$2,415.72	
	L5828	Endo knee-shin fluid swg/sta	Y/ 12 months	YES		NO			\$2,160.14	
	L5830	Endo knee-shin pneum/swg pha	Y/ 12 months	YES		NO			\$1,451.50	
	L5840	Multi-axial knee/shin system	Y/ 12 months	YES		NO			\$2,683.82	
1556	L5845	Knee-shin sys stance flexion	Y/ 12 months	YES		NO			\$1,386.49	
										rate change
	L5848	Knee-shin system dampening feature	Y/ 12 months	YES		NO			\$818.60	
	L5850	Endo ak/hip knee extens assi		NO		NO			\$97.86	
1559	L5855	Mech hip extension assist	Y/12 months	NO		NO			\$262.95	
				1		1		1		
				PA YES						
		Addt. To lower ext. prosthesis, knee shin		Requires						
	L5856	Addt. To lower ext. prosthesis, knee shin sys.,microprocessor, incl. Sensor, any								

	А	В	С	D	E	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
	_	ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
				PA YES						
		Addt. To lower ext. prosth., swing phase		Requires						
		only knee shin sys.,micro, incl. Sensor,		Departme						
1561	L5857	any type	Y/12 months	nt Review		NO			\$6,217.38	
1301	L3037	any type	1/12 months	III KCVICW		NO			Φ0,217.36	
				PA YES						
				Requires						
		Addt. To lower ext. prosth, knee shin		Departme						
1562	L5858	sys.,micro, incl. Sens, stance phase	Y/12 months	nt Review		NO			\$13,565.30	
		Addt. Endoskeleton, below knee,							. , , , , , , , , , , , , , , , , , , ,	
1563	L5910	alignable system		NO		NO			\$277.04	
										PA removed eff
1564	L5920	Endo ak/hip alignable system		NO		NO			\$405.87	
										PA removed eff
	L5925	Above knee manual lock		NO		NO			\$342.70	
1566	L5930	High activity knee frame	Y/ 12 months	YES		NO			\$2,603.69	
										PA removed eff
	L5940	Endo bk ultra-light material		NO		NO			\$383.70	8/1/10
	L5950	Endo ak ultra-light material	Y/ 12 months	YES		NO			\$599.95	
1569	L5960	Endo hip ultra-light materia	Y/ 12 months	YES		NO			\$737.43	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
4570	T 50.60			NO		NO			\$407.21	PA removed eff
15/0	L5962	Below knee flex cover system		NO		NO			\$485.31	8/1/10 code active
		add Endadalatan abasa hasa flasibla								8/1/07 rate set
1571	L5964	addt. Endoskeleton above knee, flexible protective outer surface	Y/ 12 months	YES		NO			\$643.61	
	L5964 L5966	Hip flexible cover system	Y/ 12 months	YES		NO			\$912.85	
	L5968	Multiaxial ankle w dorsiflex	Y/ 12 months	YES		NO			\$2,811.03	
	L5970	Foot external keel sach foot	1/ 12 monuis	NO		NO			\$155.35	
13/4	L3910	All lower extremity prosthesis, SACH		NO		NO			\$133.33	code added 6/09
1575	L5971	foot, replacement only		NO		NO			\$183.19	eff. Date 1/1/09
	L5972	Flexible keel foot		NO		NO			\$290.18	
1.0.0	207,2	Endoskeletal ankle foot system,		110		1,0			Ψ2>0.10	CMS added
1577	L5973	microprocessor, incl. power source	Y/12 months	YES		NO			M	1/1/10
	L5974	Foot single axis ankle/foot		NO		NO			\$178.25	
									*	PA removed eff
1579	L5975	Combo ankle/foot prosthesis		NO		NO			\$358.62	8/1/10
1580	L5976	Energy storing foot	Y/ 12 months	YES		NO			\$428.39	
1581	L5978	Ft prosth multiaxial ankl/ft		NO		NO			\$223.23	
1582	L5979	Multi-axial ankle/ft prosth	Y/ 12 months	YES		NO			\$1,745.41	
	L5980	Flex foot system	Y/ 12 months	YES		NO			\$2,836.17	
1584	L5981	Flex-walk sys low ext prosth	Y/ 12 months	YES		NO			\$2,291.24	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
	•	rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
4505	T 5000			NO		NO			ф.4.42.22	PA removed eff
1585	L5982	Exoskeletal axial rotation		NO		NO			\$442.22	
4500	T 5004	Endoskeletal axial rotation, w/wo		NO		NO			Φ425.77	PA removed eff
	L5984	adjustability		NO NO		NO NO			\$435.77	
1587	L5985	Lwr ext dynamic prosth pylon		NO		NO			\$218.43	PA removed eff
1500	L5986	Multi-axial rotation unit		NO		NO			\$484.73	
	L5980 L5987	Shank ft w vert load pylon	Y/ 12 months	YES		NO			\$5,564.74	
	L5987 L5988	Vertical shock reducing pylo	Y/ 12 months	YES		NO			\$1,545.31	
1390	L3700	vertical shock reducing pylo	1/ 12 monuis	1123		NO			\$1,343.31	07/02/2007 code
										added rate set
1591	L5990	addt. To lower ext. user adj. ht	Y/12 months	YES		NO			\$1,381.13	
1001	L3770	addt. 10 10 wei ext. user adj. Iit	1/12 months	TES		110			Ψ1,301.13	eff DOS 7/1/10
1592	L5999	Lower extremity prosthesis, NOC	Y/12 months	YES		NO			M	
	L6000	Par hand robin-aids thum rem	Y/ 12 months	YES		NO			\$1,016.37	
	L6010	Hand robin-aids little/ring	Y/ 12 months	YES		NO			\$1,131.05	
1595	L6020	Part hand robin-aids no fing	Y/ 12 months	YES		NO			\$1,054.53	
1596	L6050	Wrst MLd sck flx hng tri pad	Y/ 12 months	YES		NO			\$1,453.10	
1597	L6055	Wrst mold sock w/exp interfa	Y/ 12 months	YES		NO			\$2,025.24	
1598	L6100	Elb mold sock flex hinge pad	Y/ 12 months	YES		NO			\$1,472.21	
1599	L6110	Elbow mold sock suspension t	Y/ 12 months	YES		NO			\$1,561.53	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price		date updated
	L6120	Elbow mold doub splt soc ste	Y/ 12 months	YES		NO			\$1,819.73	
	L6130	Elbow stump activated lock h	Y/ 12 months	YES		NO			\$1,980.21	
	L6200	Elbow mold outsid lock hinge	Y/ 12 months	YES		NO			\$2,086.82	
	L6205	Elbow molded w/ expand inter	Y/ 12 months	YES		NO			\$2,785.58	
	L6250	Elbow inter loc elbow forarm	Y/ 12 months	YES		NO			\$2,186.51	
	L6300	Shlder disart int lock elbow	Y/ 12 months	YES		NO			\$2,849.88	
	L6310	Shoulder passive restor comp	Y/ 12 months	YES		NO			\$2,460.73	
	L6320	Shoulder passive restor cap	Y/ 12 months	YES		NO			\$1,344.26	
	L6350	Thoracic intern lock elbow	Y/ 12 months	YES		NO			\$2,996.21	
	L6360	Thoracic passive restor comp	Y/ 12 months	YES		NO			\$2,694.62	
	L6370	Thoracic passive restor cap	Y/ 12 months	YES		NO			\$1,612.38	
	L6380	Postop dsg cast chg wrst/elb	Y/ 12 months	YES		NO			\$934.33	
	L6382	Postop dsg cast chg elb dis/	Y/ 12 months	YES		NO			\$1,405.68	
1613	L6384	Postop dsg cast chg shlder/t	Y/ 12 months	YES		NO			\$1,944.59	D. 1.00
										PA removed eff
1614	L6386	Postop ea cast chg & realign		NO		NO			\$307.19	
										PA removed eff
	L6388	Postop applicat rigid dsg on		NO		NO			\$336.28	8/1/10
	L6400	Below elbow prosth tiss shap	Y/ 12 months	YES		NO			\$1,774.96	
	L6450	Elb disart prosth tiss shap	Y/ 12 months	YES		NO			\$2,371.31	
1618	L6500	Above elbow prosth tiss shap	Y/ 12 months	YES		NO			\$2,480.88	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indicat	tes new codes or changes for the most								
4	current rev	<u> </u>								
		d for rentals as indicated on the fee sch	edule.							
6		cance of a code on this fee schedule does		coverage.						
7	•	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L6550	Shldr disar prosth tiss shap	Y/ 12 months	YES		NO			\$2,982.06	
	L6570	Scap thorac prosth tiss shap	Y/ 12 months	YES		NO			\$3,348.04	
	L6580	Wrist/elbow bowden cable mol	Y/ 12 months	YES		NO			\$1,278.22	
	L6582	Wrist/elbow bowden cbl dir f	Y/ 12 months	YES		NO			\$1,157.71	
	L6584	Elbow fair lead cable molded	Y/ 12 months	YES		NO			\$1,815.60	
	L6586	Elbow fair lead cable dir fo	Y/ 12 months	YES		NO			\$1,699.10	
	L6588	Shdr fair lead cable molded	Y/ 12 months	YES		NO			\$2,232.58	
	L6590	Shdr fair lead cable direct	Y/ 12 months	YES		NO			\$2,120.63	
	L6600	Polycentric hinge pair		NO		NO			\$143.48	
	L6605	Single pivot hinge pair		NO		NO			\$141.67	
1629	L6610	Flexible metal hinge pair		NO		NO			\$136.06	01/02/2007 code
										added; rate set 08/01/2007;
										former rate
										131.43; change
										eff. 1/15/08; PA
		Addt. To upper ext. prosthesis, ext. pwr								removed eff
1630	L6611	switch addt.				NO			\$286.13	12/09
	L6615	Disconnect locking wrist uni		NO		NO			\$146.60	
1632	L6616	Disconnect insert locking wr		NO		NO			\$54.32	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5		d for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requ								
			CMN				D (1			
			expiration date for	Purchase			Rental			
				PA &			PA&		December	
	HCPCS	Description	purchase or	CMN	T ::4~	Damtal	CMN	Domás I Duiss	Purchase Price	data um data d
	L6620	Description Flexion-friction wrist unit	rental	required NO	Limits	NO	requirea	Rental Price	\$234.55	date updated
	L6623	Spring-asst. rot wrst w/ latch	Y/ 12 months	YES		NO			\$234.33 \$654.24	
1034	L0023	Spring-asst. Tot wist w/ laten	1/ 12 monuis	TES		NO			\$034.24	01/02/2007 code
										added rate set
1635	L6624	Upper ext. addt. Flex. Ext rotation wrist	Y/12 months	YES		NO			\$2,867.06	
1000	20021	opper ext. add. Fich. Ext fotation wilst	1712 months	125		1,0			Ψ2,007.00	PA removed eff
1636	L6625	Rotation wrst w/ cable lock		NO		NO			\$464.86	
									, , , , , , , , , , , , , , , , , , , ,	PA removed eff
1637	L6628	Quick disconn hook adapter o		NO		NO			\$366.44	8/1/10
1638	L6629	Lamination collar w/ couplin		NO		NO			\$111.91	
1639	L6630	Stainless steel any wrist		NO		NO			\$164.86	
	L6632	Latex suspension sleeve each		NO		NO			\$57.26	
1641	L6635	Lift assist for elbow		NO		NO			\$134.73	
										PA removed
1642	L6637	Nudge control elbow lock		NO		NO			\$287.38	
		upper ext addt. To prosth. Electric								01/02/2007 code
1040	x 5520	locking only for use with manually	***						#4.005.	added rate set
1643	L6638	powered elbow	Y/12 months	YES		NO			\$1,903.77	
1,044	1.6640			NO		NO			Φ255.20	PA removed
	L6640	Shoulder abduction joint pai		NO		NO			\$255.30	
1645	L6641	Excursion amplifier pulley t		NO		NO			\$122.71	

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
									****	PA removed
1646	L6642	Excursion amplifier lever ty		NO		NO			\$166.33	
1047	T 6645			NO		NO			ф 207 .02	PA removed eff
1647	L6645	Shoulder flexion-abduction joint, each		NO		NO			\$307.03	
1040	T 6650			NO		NO			ф 210.77	PA removed eff
	L6650 L6655	Shoulder universal joint, each Standard control cable extra		NO NO		NO			\$318.77 \$62.66	
	L6660			NO		NO			\$02.00	
	L6665	Heavy duty control cable Teflon or equal cable lining		NO		NO			\$70.21	
	L6670	Hook to hand cable adapter		NO		NO			\$33.23 \$38.95	
	L6672	Harness chest/shlder saddle		NO		NO			\$154.58	
	L6675	Harness figure of 8 sing con		NO		NO			\$91.86	
	L6676	Harness figure of 8 dual con		NO		NO			\$106.19	
	L6680	Test sock wrist disart/bel e		NO		NO			\$177.47	
	L6682	Test sock elbw disart/above		NO		NO			\$196.22	
	L6684	Test socket shldr disart/tho		NO		NO			\$266.63	
1659	L6686	Suction socket	Y/ 12 months	YES		NO			\$602.12	
										PA removed eff
1660	L6687	Frame typ socket bel ow elbow or wrist		NO		NO			\$441.23	8/1/10
		Frame typ sock above elbow or elbow								PA removed eff
1661	L6688	disarticulation		NO		NO			\$438.57	8/1/10

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedi	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
	•	ed for rentals as indicated on the fee sch								
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	t regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L6689	Frame typ socket shoulder di	Y/ 12 months	YES		NO			\$525.45	
	L6690	Frame typ sock interscap-tho	Y/ 12 months	YES		NO			\$572.59	
1664	L6691	Removable insert each		NO		NO			\$265.03	
										PA removed eff
	L6692	Silicone gel insert or equal		NO		NO			\$427.78	
1666	L6693	Locking elbow forearm entrbal	Y/ 12 months	YES		NO			\$2,196.10	
		Add. To upper ext. pros., for use with								rate change
1667	L6694	locking mechanism	Y/ 12 months	YES		NO			\$513.22	01/02/2007
		Add. To upper ext. pros., not for use								rate change
1668	L6695	with locking mechanism, custom	Y/ 12 months	YES		NO			\$427.67	01/02/2007
		Add. To upper ext. pros., congenital or								rate change
1669	L6696	atypical traumatic amputees, initial only	Y/ 12 months	YES		NO			\$960.11	01/02/2007
1.505	20070	Add. To upper ext. pros., other than	1/ 12 months	110		110			Ψ200.11	01/02/2007
		congenital or traumatic amputees, initial								rate change
1670	L6697	only	Y/ 12 months	YES		NO			\$960.11	01/02/2007
10,0	LOOT	Add. To upper ext. pros., lock	1, 12 months	110		110			Ψ200.11	PA removed eff
1671	L6698	mechanism, excludes socket insert		NO		NO			\$415.03	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										01/02/2007 rate
		town Davies massive band with any								set 08/01/2007; PA removed
1672	L6703	term. Device, passive hand mitt, any material, any size		NO		NO			\$273.68	
1072	L0703	term. Device, sport/rec/work, any		NO		NO				PA removed eff
1673	L6704	material, any size		NO		NO			\$448.97	
1070	LO704	materiar, any size		110		110			ψττυ. 2 /	01/02/2007 rate
										set 08/01/2007;
		term dev hook, mech vol opening, any								PA removed
1674	L6706	material, any size		NO		NO			\$262.67	12/09
		term dev hook, mech vol closing, any								01/02/2007 rate
1675	L6707	material, any size, lined or unlined	Y/12 months	YES		NO			\$968.16	set 08/01/2007
		term dev, hand, mech vol opening, any								01/02/2007 rate
1676	L6708	material, any size	Y/12 months	YES		NO			\$632.92	
		term dev hand, mech vol. closing, any								01/02/2007 rate
1677	L6709	material, any size	Y/12 months	YES		NO			\$912.05	set 08/01/2007
		Terminal device, hook, mechanical, vol.								
		opening, any material, any size, lined or								PA removed eff
1678	L6711	unlined, Pediatric, each		NO		NO			\$467.23	8/1/10

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1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	2								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
	-	rance of a code on this fee schedule does		coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Terminal device, hook,mechanical vol.								CMC - 14'd'
4070	1.6710	closing, any material, any size, lined or	X7/10 .1	MEG		NO			Φ0.c0. 2 0	CMS addition
1679	L6712	unlined, Pediatric, each Terminal device, hand, mechanical, vol.	Y/12 months	YES		NO			\$860.28	1-1-09
		opening, any material, any size, lined or								CMS addition
1690	L6713	unlined, Pediatric, each	Y/12 months	YES		NO			\$1,085.74	1-1-09
1000	L0/13	Terminal device, mechanical, vol.	1/12 monuis	ILS		NO			\$1,065.74	1-1-09
		closing, any material, any size, Pediatric,								CMS addition
1681	L6714	each	Y/12 months	YES		NO			\$919.62	1-1-09
1001	LO711	Cucii	1/12 monds	TES		110			ψ212.02	110)
		terminal device, hook or hand, hvy, dty.,								
		mechanical, vol.opening, any material,								CMS addition
1682	L6721	any size, lined or unlined, each	Y/12 months	YES		NO			\$1,634.55	1-1-09
1002	L0721	arry size, fined of diffined, each	1/12 months	TES		110			Ψ1,034.33	110)
		Terminal device, hook or hand, heavy								
		duty, mechanical, vol. closing, any								CMS addition
1683	L6722	material, any size, lined or unlined, each	Y/12 months	YES		NO			\$1,409.09	1-1-09

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										01/02/2007 code
										added; rate
										change
										08/01/2007;
		Modifier wrist flexion unit addt to								former rate
1684	L6805	terminal device		NO		NO			\$233.82	\$145.18; change
		Addt to terminal device, precision pinch								rate change
1685	L6810	device		NO		NO			\$147.53	
										01/02/2007 code
		Automatic grasp, addt. To upper limb								added rate set
1686	L6881	elect. Prosth. Terminal device	Y/12 months	YES		NO			\$3,112.30	
										02/01/2007 code
		Microprocessor control feature, addt. To								added rate set
	L6882	upper limb prosth. Terminal device	Y/12 months	YES		NO			\$2,360.84	8/1/2007
	L6890	Production glove		NO		NO			\$130.10	
	L6895	Custom glove	Y/ 12 months	YES		NO			\$478.63	
	L6900	Hand restorat thumb/1 finger	Y/ 12 months	YES		NO			\$1,365.87	
	L6905	Hand restoration multiple fi	Y/ 12 months	YES		NO			\$1,358.12	
	L6910	Hand restoration no fingers	Y/ 12 months	YES		NO			\$1,161.34	
	L6915	Hand restoration replacmnt g	Y/ 12 months	YES		NO			\$585.52	
1694	L6920	Wrist disarticul switch ctrl	Y/ 12 months	YES		NO			\$5,105.00	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	de 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	l0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quantit	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	L6925	Wrist disart myoelectronic c	Y/ 12 months	YES		NO			\$6,872.21	
	L6930	Below elbow switch control	Y/ 12 months	YES		NO			\$5,136.66	
	L6935	Below elbow myoelectronic ct	Y/ 12 months	YES		NO			\$6,978.86	
	L6940	Elbow disarticulation switch	Y/ 12 months	YES		NO			\$6,711.38	
	L6945	Elbow disart myoelectronic c	Y/ 12 months	YES		NO			\$8,200.51	
	L6950	Above elbow switch control	Y/ 12 months	YES		NO			\$7,628.42	
	L6955	Above elbow myoelectronic ct	Y/ 12 months	YES		NO			\$9,136.08	
	L6960	Shldr disartic switch contro	Y/ 12 months	YES		NO			\$10,246.43	
	L6965	Shldr disartic myoelectronic	Y/ 12 months	YES		NO			\$10,928.19	
	L6970	Interscapular-thor switch ct	Y/ 12 months	YES		NO			\$11,387.37	
1705	L6975	Interscap-thor myoelectronic	Y/ 12 months	YES		NO			\$12,454.12	
										01/02/2007 code
										added rate set
1706	L7007	elect. Hand, myoelectric or switch, adult	Y/12 months	YES		NO			\$2,590.46	
										01/02/2007 code
										added rate set
1707	L7008	elect. Hand, myoelectric or switch, ped	Y/12 months	YES		NO			\$4,077.12	08/01/2007
										01/02/2007 code
										added rate set
1708	L7009	elect hook, switch or myoelect, adult	Y/12 months	YES		NO			\$2,643.09	08/01/2007

	Α	В	С	D	Е	F	G	Н	I	J
1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ıle 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	0; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	d for rentals as indicated on the fee sch	edule.							
6	The appear	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi	ires a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										rate change
1709	L7040	Prehensile actuator switch controlled	Y/ 12 months	YES		NO			\$2,156.50	01/02/2007
		Electric hook, switch or myoelectric								
	L7045	controlled, pediatric	Y/ 12 months	YES		NO			\$1,236.40	
	L7170	Electronic elbow hosmer swit	Y/ 12 months	YES		NO			\$5,692.81	
1712	L7180	Electronic elbow utah myoele	Y/ 12 months	YES		NO			\$24,740.96	
				Requires						
				DMS						, 1
1740	1.7101	electronic elbow, sim. Control of elbow	37/10 /1	review		NO			Ф 20.245.5 0	rate change
1/13	L7181	and terminal device electronic elbow, sim. Variety Village or	Y/12 months	YES		NO			\$29,245.58	01/02/2007
1714	L7185	equal switch control	Y/ 12 months	YES		NO			\$5,621.74	
	L7185 L7186	Electron elbow child switch	Y/ 12 months	YES		NO			\$5,621.74	
	L7180 L7190	Elbow adolescent myoelectron	Y/ 12 months	YES		NO			\$5,904.74	
	L7190 L7191	Elbow child myoelectronic ct	Y/ 12 months	YES		NO			\$7,070.40	
	L7191 L7260	Electron wrist rotator otto	Y/ 12 months	YES		NO			\$1,505.42	
	L7261	Electron wrist rotator utah	Y/ 12 months	YES		NO			\$2,740.44	
	L7266	Servo control steeper or equ	Y/ 12 months	YES		NO			\$1,009.80	
	L7272	Analogue control unb or equa	Y/ 12 months	YES		NO			\$1,748.68	
	L7274	Proportional ctl 12 volt uta	Y/ 12 months	YES		NO			\$4,393.50	

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
		ed for rentals as indicated on the fee sch								
6	The appear	rance of a code on this fee schedule does	s not guarante	e coverage.						
		ty limit is exceeded, a CMN & PA are ro								
8	By current	regulation, any item \$500 or over requ								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1723	L7360	Six volt battery, each		NO		NO			\$182.53	CMS description change 1/08
4704	X 70 c0			NO		NO			Φ101 c7	CMS description
1724	L7362	Battery charger, six volt, each		NO	2	NO			\$191.65	change 1/08
1725	L7364	Twelve volt battery, each		NO	2 per year	NO			\$304.81	PA removed eff
1723	L/304	I werve voit battery, each		NO	1 per 4	NO			φ304.61	PA removed eff
1726	L7366	Battery charger 12 volt each		NO	years	NO			\$410.59	
1720	27300	Buttery charger 12 von each		No	years	No			ψτ10.37	01/02/2007 code added rate set 08/01/2007; PA
1727	L7367	lithium ion battery replacement		NO		NO			\$296.38	removed 12/09
					1 per 4					PA removed eff
1728	L7368	Lithium battery charger		NO	years	NO			\$368.37	8/1/10
		Addt. To upper ext. prosth. Ultralight			-					rate set
1729	L7400	material		NO		NO			\$223.71	01/02/2007

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1	MEDICAL	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Sched	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 1	1/3/10· rev 12/1	10· rev 1/1/1	1					
٣					_					
١,		ntes new codes or changes for the most								
4		vision date.								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		coverage.						
7		ity limit is exceeded, a CMN & PA are re								
8	By curren	t regulation, any item \$500 or over requ								
			CMN	D			D4-1			
			expiration date for	Purchase			Rental			
				PA &			PA&		D 1	
١,	Habaa	5	purchase or	CMN	T	D (1	CMN	.	Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated 02/01/2007 code
										added rate set
		Add To man out mostles is about								
4700	1.7401	Addt. To upper ext. prosthesis above		NO		NO			¢261.21	8/1/2007; PA
1730	L7401	elbow disart. Ultralight material		NO		NO			\$261.21	
4704	L7403	Addt. To upper ext. prosth. acrylic material		NO		NO			¢2.co 11	rate set 01/02/2007
1/31	L/403	addt. To upper ext prosth. Above elbow		NO		NO			\$268.11	PA removed eff
1722	L7404			NO		NO			\$423.12	
	L7404 L7499	disart. Acrylic Upper extremity prosthesis NOS	Y/ 12 months	YES		NO			5423.12 M	
1733	L/499	Opper extremity prostnesis NOS	Y/12 months	1 ES		NO				PA restriction
			if PA							raised to \$500 eff
1724	L7500	Describedia describe describe		YES>\$500		NO			\$58.00	· ·
1734	L/300	Prosthetic dvc repair hourly	required	1ES>\$500		NO			\$58.00	8/1/10
										reimbursement
										changed from
										\$32.03 to Manual
1735	L7510	Repair of prosthetic device, minor parts	V/12 months	PA		NO				eff. DOS 6-1-09
1733	L/310	Repair of prostnetic device, infnor parts	1/12 HIOHINS	ľΑ		NO			IVI	en. DOS 6-1-09

	Α	В	С	D	Е	F	G	Н	l	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	1/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
7	•	ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN expiration date for purchase or	Purchase PA & CMN			Rental PA& CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										clarified to
										indicate labor
			****							component; PA
			Y/ 12 months							restriction raised
4700	1.7520	Repair prosthetic device, labor	if PA	VEG - 0500		NO			¢10.00	to \$500 eff
1736	L7520	component, per 15 min	required	YES > \$500		NO			\$10.00	8/1/08
	L7600	Prosthetic donning sleeve, any material	Y/12 months	YES		NO			M	
1738	L7900	Vacuum erection system	Y/ 12 months	YES		NO			\$418.65	
			Y/ 12 months							
			if PA		5 per					
1/39	L8000	Mastectomy bra	required	YES>5	year	NO			\$33.65	
		Breast prosthesis, masectomy bra with	Y/ 12 months		5					mote and
1740	L8001	integrated breast prothesis form, unilateral	if PA	VECSE	5 per	NO			¢01 55	rate set
1740	L8001	umateral	required Y/ 12 months	YES>5	year	NU			\$91.55	01/02/2007
		Breast prosthesis, masectomy bra with	if PA		5 per					rate change
1741	L8002	integrated breast prothesis form, bilateral		YES>5	year	NO			\$120.43	
	L8002	Mastectomy sleeve	required	NO	year	NO			\$47.84	
	L8015	Ext breast prosthesis garment		NO		NO			\$46.36	

	А	В	С	D	Е	F	G	Н	I	J
1	MEDICAI	D PROGRAM DME FEE SCHEDULE								
2										
3	Fee Schedu	ule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11	/3/10; rev 12/1	10; rev 1/1/1	1					
	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	, I			D 4 1			
			expiration date for	Purchase PA &			Rental PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Dental		Rental Price	Price	date updated
۳	iici cs	Description	Tentai	required	Limits	Kentai	required	Kentai i i ce	11100	rate change
			Y/12 months							01/02/2007; qt
			if PA		2 per					corrected to >2
1744	L8020	Mastectomy form	required	YES >2	year	NO			\$174.40	
			_							rate change
			Y/12 months		_					01/02/2007; qt
1			if PA		2 per				****	corrected to >2
1/45	L8030	Breast prosthesis silicone/e	required	YES>2	year	NO			\$252.26	2/1/08
		Breast prosthesis, silicone or equal, with								CMS added
1746	L8031	intergral adhesive, each	Y/12 months	YES					M	
	L8035	Custom breast prosthesis	Y/ 12 months	YES		NO			\$2,834.00	
1748	L8039	Breast prosthesis, NOS	Y/ 12 months	YES		NO			M	
		Nasal prothesis, provided by a non-								
1749	L8040	physician	Y/12 months	YES		NO			\$491.73	
		Midfacial prothesis, provided by a non-								
1750	L8041	physician	Y/ 12 months	YES		NO			\$592.68	
1		Orbital prothesis, provided by a non-								
1751	L8042	physician	Y/ 12 months	YES		NO			\$665.93	
4750	1 00 42	Upper facial prosthesis, provided by a	X7/ 12	MEG		NO			Ф745 Q4	
1/52	L8043	non-physician	Y/ 12 months	YES		NO			\$745.84	

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	Red indica	tes new codes or changes for the most								
4	current re	vision date.								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
6	The appea	rance of a code on this fee schedule does	not guarantee	coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	quired.							
8	By current	t regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Hemi-facial prosthesis, provided by a								
1753	L8044	non-physician	Y/ 12 months	YES		NO			\$825.76	
		Prosthetic External Ear provided by a								07/02/2007 rate
1754	L8045	non-physician	Y/12 months	YES		NO			\$742.15	corrected
		Partial facial prosthesis, provided by a								
1755	L8046	non-physician	Y/ 12 months	YES		NO			\$532.74	
		Nasal septal prosthesis, provided by a								
1756	L8047	non-physician	Y/ 12 months	YES		NO			\$273.03	
		Unspecified Maxillofacial Prosthesis, by								
1757	L8048	a non-physician	Y/12 months	YES		NO			\$20.92	DA CLU
		D : 110 0 0 0 00 0	Y/12 months							PA restriction
1750	T 00 10	Repair or modification of maxillofacial	if PA	TTEG . 0.500		NO			Φ20.02	raised to \$500 eff
	L8049	prosthesis, by a non-physician	required	YES>\$500		NO			\$20.92	
	L8300	Truss single w/ standard pad		NO		NO			\$74.50	
	L8310	Truss double w/ standard pad		NO		NO			\$114.54	
	L8320	Truss addition to std pad wa		NO NO		NO NO			\$50.05	
	L8330 L8400	Truss add to std pad scrotal Sheath below knee		NO NO		NO NO			\$49.59	
	L8400 L8410	Sheath above knee		NO NO		NO			\$14.49	
									\$16.49	
1765	L8415	Sheath upper limb		NO		NO			\$16.40	

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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
	PA require	ed for rentals as indicated on the fee sch	edule.							
6		rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
1,700	I 0417	Prosthetic sheath/sock, incl. gel cushion		NO		NO			Φ 5 0.1 7	
	L8417 L8420	layer, below knee or above knee, each		NO NO		NO NO			\$58.17 \$19.17	
	L8420 L8430	Prosthetic sock multi ply BK Prosthetic sock multi ply AK		NO NO		NO			\$19.17	
	L8435	Pros sock multi ply AK Pros sock multi ply upper lm		NO		NO			\$21.08 \$18.93	
	L8440	Shrinker below knee		NO		NO			\$40.11	
	L8460	Shrinker below knee Shrinker above knee		NO		NO			\$55.81	
	L8465	Shrinker above knee Shrinker upper limb		NO		NO			\$49.75	
	L8470	Pros sock single ply BK		NO		NO			\$5.11	
	L8480	Pros sock single ply AK		NO		NO			\$7.04	
	L8485	Pros sock single ply upper l		NO		NO			\$8.50	
	L8499	Unlisted Misc prosthetic service	Y/ 12 months	YES		NO			MSRP-22%	
1		Production production and the production of the		120		1,0			1.12111 2270	rate set
1777	L8500	artifical larynx	Y/12 months	YES		NO			\$529.27	01/02/2007
				YES > 6						
				per						
				calendar						effective DOS 7-
1778	L8501	Tracheostomy speaking valve	Y/if PA requir	year		NO			\$112.12	1-09 and after
		Artificial larynx replacement	1							code effective
1779	L8505	battery/accessory, any type, each	Y/12 months	YES		NO			M	DOS 6/1/09

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2										
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	Red indica	tes new codes or changes for the most								
4	current re	e e e e e e e e e e e e e e e e e e e								
5	PA require	ed for rentals as indicated on the fee scho	edule.							
		rance of a code on this fee schedule does		e coverage.						
7	If a quanti	ty limit is exceeded, a CMN & PA are re	equired.							
8	By current	regulation, any item \$500 or over requi	res a PA.							
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
	1	Tracheo-esophageal voice prosthesis,								
1780	L8507	patient inserted, any type		NO		NO			\$27.18	
		Tracheo-esophageal voice prosthesis,								
		inst. by lic. Health care provider, any								
	L8509	type		NO		NO			\$70.86	
1782	L8510	Voice Amplifier		NO		NO			\$163.95	
		Insert for Indwelling T/E prosthesis with								
1783	L8511	or W/O valve replacement each		NO		NO			\$47.19	
		Gelatin capsules or equ. use with T/E								
1784	L8512	prosthesis replacement only per 10		NO		NO			\$1.42	
		Cleaning device used with T/E								
1785	L8513	prosthesis replacement only each		NO		NO			\$3.38	
	- 0-44	T/E puncture dilator replacement only							*	
1/86	L8514	each		NO		NO			\$61.19	
										rate set
										08/01/2007
1,707	T 0515	gelatin capsule application device for		NO		NO			φ.4.C. C.=	removed from
1/8/	L8515	use with TE voice prosthesis, each		NO		NO			\$48.05	PA 10/08
4700	I 0615	Headset/Headpiece for use with cochlear		NO		NO			¢220.10	PA removed eff
1788	L8615	implant device, replacement		NO		NO			\$329.19	8/1/10

1 MEDICAID PROGRAM DME FEE SCHEDULE 2 3 Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10; rev 12/10; rev 1/1/11 Red indicates new codes or changes for the most 4 current revision date. 5 PA required for rentals as indicated on the fee schedule. 6 The appearance of a code on this fee schedule does not guarantee coverage. 7 If a quantity limit is exceeded, a CMN & PA are required. 8 By current regulation, any item \$500 or over requires a PA. CMN	
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8 By current regulation, any item \$500 or over requires a PA.	
CMN	
	1
expiration Purchase Rental	
date for PA & PA&	
purchase or CMN CMN Purchase	
9 HCPCS Description rental required Limits Rental required Rental Price Price	date updated
microphone for use with cochlear	rate set
1789 L8616implant device, replacementNONO\$76.6	8 01/02/2007
transmitting coil for use with cochlear	rate set
1790 L8617implant device, replacementNONO\$66.9	7 01/02/2007
transmitter cable for use with cochlear	rate set
1791 L8618implant device, replacementNONO\$19.1	3 01/02/2007
cochlear implant external speech	
1792 L8619 processor replacement Y/ 12 months YES NO \$6,281.9	8
Zinc air battery for use with cochlear	rate set
1793 L8621 implant device, each NO NO \$0.4	5 01/02/2007
Allesting bett. For year with each. Imm	mote set
Alkaline batt. For use with coch. Imp.	rate set
1794 L8622 Device, any size, each NO NO \$0.2	4 01/02/2007
Lithium ion battery coch. imp. Device	rate set
1795 L8623 speech proc.other than Ear level, ea NO NO \$47.2	
Lithium ion battery for coch. imp.	
1796 L8624 Device speech proc. Ear level, each NO NO \$132.3	rate set 8 01/02/2007

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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5	PA require	ed for rentals as indicated on the fee sch	edule.							
	•	rance of a code on this fee schedule does		coverage.						
		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
										CMS added
		Cookless implest sytemal speech								1/1/10; M pricing
1707	L8627	Cochlear implant, external speech processor, component, replacement	Y/12 months	YES		NO			\$6,270,07	removed 11/1/10
1797	L8027	processor, component, repracement	1/12 monus	IES		NO			\$0,279.07	removed 11/1/10
										CMS added
		Cochlear implant, external controller								1/1/10; M pricing
1798	L8628	component, replacement	Y/12 months	YES		NO			\$1 128 41	removed 11/1/10
1700	20020	сотролен, тершестен	1/12 months	LLS		110			ψ1,120.11	Temoved 11/1/10
		Transmitting coil and cable, integrated								CMS added
		for use with cochlear implant device,								1/1/10; M pricing
1799	L8629	replacement	Y/12 months	YES		NO			\$163.32	removed 11/1/10
										01/02/2007 code
		auditory osseointegrated dev, ext. sound								added rate set
1800	L8691	replacer, repl only	Y/12 months	YES		NO			\$2,030.00	08/01/2007
		ext recharging sys for battery(ext) for								PA removed eff
1801	L8695	use with implantable neurostimulator		NO		NO			\$12.69	8/1/10
		Cranial remolding orthosis, rigid with								
		soft interface, incl. fitting/adjust. Custom								
	S1040	fab. Pediatric	Y/12 months	YES		NO			M	
1803	V2623	Eye Prosthetic, plastic or custom	Y/12 months	YES		NO			\$686.64	

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	Red indica	tes new codes or changes for the most								
4	current rev	vision date.								
5		ed for rentals as indicated on the fee sch								
6		rance of a code on this fee schedule does		e coverage.						
7		ty limit is exceeded, a CMN & PA are re								
8	By current	regulation, any item \$500 or over requi								
			CMN	. .			- ·			
			expiration	Purchase			Rental			
			date for	PA &			PA&		D 1	
	HODGG	Demodestion	purchase or	CMN	T !!4	D4-1	CMN	D 4 - 1 D	Purchase	1-4 1-4-1
9	HCPCS	Description Polishing/Resurfacing of Ocular	rental	required	Limits	Rental	requirea	Rental Price	Price	date updated
1804	V2624	Prosthesis		NO		NO			\$46.57	
100.	7 202 1	Tosticsis		110		110			Ψ10.57	PA removed eff
1805	V2625	Enlargement of Ocular Prosthesis		NO		NO			\$301.62	8/1/10
1806	V2626	Reduction of Ocular Prosthesis		NO		NO			\$191.36	
1807	V2627	Scleral Cover Shell	Y/12 months	YES		NO			\$1,095.59	
										PA removed eff
	V2628	Fabrication and Fitting of Ocular confor		NO		NO			\$250.49	8/1/10
	V2629	Eye Prosthetic,other type	Y/12 months	YES		NO			\$125.00	
1810										
		"M" = Manually Priced								
1811		(manufacturer's invoice + 20%)								
		"MSRP-22%" manufacturer's								
1812										
1012		suggested retail price -22%								
		UNICODO 150/U								
1,040		"MSRP-15%" manufacturer's								
1813		suggested retail price - 15%								
1814		RR indicates rental								

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2										
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٣			10,10,10	10,104 1/1/1						
4	current re	tes new codes or changes for the most								
		ed for rentals as indicated on the fee sch	edule 2							
		rance of a code on this fee schedule does		e coverage.						
		ty limit is exceeded, a CMN & PA are re		coverage						
		regulation, any item \$500 or over requi								
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
	TT CD CC	- · ·	purchase or	CMN	.		CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		CMN=Certificate of Medical								
		Necessity required for prior								
1815		authorized items								
		Accepted CMN's are Medicare								
1,040		applicable or Medicaid MAP1000 &	3.6. 11		TNT .	,	T 4			
1816)	MAP1000B	Medicare ap	plicable CM	N s must	meet regu	ilatory reg	uirements		
1817		"PA" = Prior Authorization								
		PA, MAP-9, and CMN faxed to SHPS								
1818		at 1-502-429-5233 or 1-800-807-7840								
		Regulation, Fee Schedule, MAP-9,								
		MAP-1000, MAP 1000B & MAP								
		1001 are located on the Web site								
		www.chfs.ky.gov/dms								
1819	1									
		It is the responsibility of the provider								
1820		to check eligibility.								

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8	By current regulation, any item \$500 or over requires a PA.									
			CMN							
			expiration	Purchase			Rental			
			date for	PA &			PA&			
			purchase or	CMN			CMN		Purchase	
9	HCPCS	Description	rental	required	Limits	Rental	required	Rental Price	Price	date updated
		Limitation Over-rides must be								
1821		medically necessary and require PA.								
		A prescriber's written order is								
		required for those items not identified								
1822		as requiring a CMN.								